UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.21
13 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Dominican Republic

SUMMARY

The Executive Director presents the country programme strategy note for the Dominican Republic for a programme of cooperation for the period 1997 to 2001.

Infant and child mortality rates have decreased significantly since 1990. Given these trends, the Dominican Republic should be able to meet the World Summit for Children mortality reduction goals by the year 2000. Notable progress also has been made towards the attainment of some of the mid-decade and decade goals, including adoption of a national plan of action (NPA) for children, ratification of the Convention on the Rights of the Child, eradication of polio, increased and sustained immunization coverage, promotion of breast-feeding and improvement in hospital maternal services, and micronutrient supplementation.

Lessons from the current programme have shown that it is important that the Convention be built into the overall country programme strategy, that a more developed communication and mobilization strategy is required for mobilizing additional resources for meeting the NPA goals; and that all of these efforts should be linked to the ongoing national social planning and reform process.

The proposed programme strategy has been developed within the context of the ongoing social reform process and the Social Development Plan. Experience has shown the importance of involving partners in processes that build knowledge and skills and, equally important, commitment to putting poor women and children high on the social agenda. Political will and resource support, in addition to effective alliances among government, civil society and other country programme partners, could strengthen the sustainability of gains and achievement of the NPA goals.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Progress is being made towards the attainment of the mid-decade and decade goals, including adoption of a national plan of action (NPA) for children; ratification of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women; the eradication of polio; sustained immunization coverage of over 80 per cent for all antigens except tuberculosis; a reduction in mortality due to tetanus and measles; increased use of oral rehydration therapy (ORT); the certification of five Baby-Friendly Hospital Initiative (BFHI) hospitals; and the passage of laws on the protection of children and breast-feeding. Coverage of primary education has increased. Monitoring of the goals, however, needs to be strengthened.

2. With major efforts, many NPA goals, such as the infant and under-five mortality reduction goals, could be achieved by the year 2000. Sustainability of these goals, however, would require higher equity and efficiency in the use of public resources, and stronger partnerships between civil society and Government. The Government's proposed Social Development Plan (SDP) to unite various social sector plans would help to achieve the goals.

3. Between 1990-1994, infant and under-five mortality rates declined significantly from 61 and 78 per 1,000 live births, respectively, to 40 and 47 per 1,000 live births due to increased coverage of primary health care (PHC) and family planning programmes. These rates are, however, still high when compared to other countries whose gross national product per capita is similar to that of the Dominican Republic. Diarrhoeal diseases and acute respiratory infections (ARI), aggravated by poverty, malnutrition and low birth weight, are among the main causes of under-five deaths. A new growing threat to child survival is HIV/AIDS, especially for 26,000 children engaged in prostitution and women; 25 per cent of AIDS cases are people under 25 years of age. The maternal mortality rate is high, estimated at 300 per 100,000 live births.

4. Progress is modest towards other goals. Water supply and basic sanitation coverage is 65 and 55 per cent, respectively, with the lowest coverage in rural and marginal urban areas. Repetition and drop-out rates, over-age students and illiteracy remain high. Multi-grade teaching is used in 60 per cent of elementary classes in rural areas. Although compulsory for 5- to 6-year-olds, coverage for early childhood education is only 23 per cent.

5. Twenty-five per cent of all families are headed by women. Violence and abuse affect women and children in one out of six Dominican families. Poverty limits access of women to basic services and employment. The Labour Code only partly prevents discrimination against women.

6. Children in especially difficult circumstances include an estimated 1.8 million street children, child labourers and those with disabilities or trapped in prostitution. About 28 per cent of teenage girls below the age of 18 years become pregnant.

LESSONS LEARNED FROM PAST COOPERATION

7. Effective results have been achieved through strategies that encourage involvement, participation and consensus among the different government and non-governmental organization (NGO) partners in processes that build knowledge, skills and commitment. A more developed communication and mobilization strategy could mobilize additional resources for the NPA goals. The training components were weak in planning, design and follow-up. While improvements were introduced, these areas will be further strengthened in the new country programme. Mobilization for child rights for children in especially difficult circumstances contributed to passage of the Law on the Protection of Children

and Adolescents. However, the Convention on the Rights of the Child should be the core for the strategy of the new country programme and serve as a framework for updating the NPA strategy.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The Government/UNICEF strategy meeting held in October 1995 identified some major thrusts. During the remainder of the programme formulation process, more specific country programme objectives will be identified.

9. The proposed country programme strategy will have four major thrusts: (a) to assist the Government in strengthening the social reform process and the SDP, which should lead to increased efficiency and sustainability of social services and the achievement and sustainability of the NPA goals; (b) to strengthen capacities for implementing the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, and to mobilize major social groups to help implement them; (c) to support the Government, NGOs and families in accelerating and sustaining child and maternal survival gains; and (d) to improve coordination and cooperation among organizations, the Government and United Nations agencies for children and women.

10. Cross-cutting country programme strategies will include advocacy for women's and child rights and the NPA in order to generate commitment from major sectors of society. This will be accomplished by using clear, understandable objectives of the country programme as the basis for wider capacity-building and social mobilization; building participation in the country programme into a true consortium comprised of the Government, NGOs, and bilateral and multilateral agencies; and linking country programme strategies to the ongoing social reform process and to the SDP. Thus, capacity-building, advocacy and empowerment will be the principal strategies, with service delivery as a secondary strategy.

11. The country programme strategy will be implemented through four interlinked programmes. The social policy and child and women's rights programme will (a) strengthen local planning, monitoring and evaluation of programmes for women and children, and promote the reduction of disparities and increased participation through the Mayors as Defenders of Children Initiative and the child rights' monitoring commission (Organismo Rector); (b) enhance monitoring of the NPA goals for the year 2000; (c) advocate with the Government and multilateral partners to support social reform and the SDP, particularly advocacy for more adequate government resources for children and women; and (d) build motivation, commitment and participation through the training and supervision of government and NGO trainers to strengthen planning, implementation and evaluation.

12. The child rights' component will strengthen monitoring of compliance to the laws protecting children. UNICEF will provide technical support to Organismo Rector and strengthen partnerships with the church, NGOs, local governments, the private sector, professional societies and mass organizations. To increase public, family and government awareness of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, UNICEF will support the development of a training package on child and women's rights for use by these groups, schools and other organizations. This initiative will require an increase in the number of trainers in child rights and the number of school committees on child rights. UNICEF also will promote interventions to protect and provide opportunities for children in especially difficult circumstances, and help to develop standards for more cost-effective services for these children.

13. The cooperation also will support the passage of legislation to improve compliance with the provisions of the Convention on the Elimination of All Forms of Discrimination Against Women as well as national efforts to monitor implementation of the Government's Plan for Women in Development, 1995-2001. Communication and educational strategies also will be developed to sensitize the public on violence against women. An evaluation of legal centres providing legal advice to poor women should provide an analysis of how this positive example can become the basis for an expansion of this service by the Government. In collaboration with partners such as the Women's Bureau, the National Planning Office, the NGO coordinating body, women's organizations and the United Nations Inter-agency Committee on Women, UNICEF will support preparation of a gender assessment and promote its use in project planning, implementation and evaluation. Similarly, UNICEF will advocate for and support gender-sensitivity training. As part of a larger Facts for Life communication initiative, UNICEF will support female literacy services, providing educational messages linked to women's and children's health in selected districts. A new initiative will be tested to promote access of poor women to credit using the Grameen Bank experience in Bangladesh as a model.

14. The objectives for health and nutrition are linked to the national goals for improved health service efficiency and effectiveness, sustaining mid-decade and achieving the decade goals. Given the limited resources of UNICEF, strengthening of inter-agency coordination and partnership with NGOs, multilateral and bilateral agencies will continue to be a strategic thrust. In the course of the programme formulation process, more specific objectives for UNICEF cooperation will be identified, which will complement the roles of other partners. UNICEF will continue to promote and strengthen inter-organizational coordination for the national expanded programme on immunization, control of diarrhoeal diseases and ARI. However, UNICEF advocacy will give greater emphasis to improvements in community health education and personnel training. UNICEF also will support health sector reform efforts, especially the decentralization of PHC services in selected districts as part of the Mayors as Defenders of Children Initiative. Within this context, the cooperation will (a) provide technical support for epidemiological surveillance at all levels and monitoring of the efficiency of cold-chain management; (b) increase in the number of ORT centres through an expansion of the network of community brigades, under a national partnership which will promote hygiene education and ORT; and (c) link services between health centres and community ORT centres. To accelerate the reduction of maternal mortality, the cooperation will support reform in hospital management of births, in coordination with the Ministry of Health, the Maternal Mortality Commission, the Dominican Social Security Institute, the United Nations Population Fund (UNFPA), the World Health Organization (WHO), women's NGOs and selected private hospitals.

15. The programme also will promote an increase in rural water supply and sanitation coverage through policy advocacy on lower-cost technology, hygiene education, greater community participation and increased donor coordination for small water supply and sanitation systems.

16. The nutrition component will support national efforts to decrease protein-energy malnutrition through, inter alia, an increase in breast-feeding and expansion of BFHI; reduction of vitamin A and iron deficiency among preschoolers and pregnant and lactating mothers; and the elimination of iodine deficiency disorders through universal salt iodization. UNICEF will support a broader strategy for the reduction of child protein-energy malnutrition through community-based growth monitoring and nutrition education; expansion of BFHI to all public hospitals, 10 private hospitals and 10 hospitals of the Dominican Institute for Social Security; and monitoring, in collaboration with WHO/Pan American Health Organization (PAHO). Vitamin A supplementation for children under three years of age and pregnant women will continue until 1998 when it will be replaced by sugar fortification. Major partners will include the

Ministry of Health, WHO/PAHO, La Roche, sugar producers, salt producers, NGOs and the Ministry of Education.

17. The strategy of the education programme will be (a) to expand the multi-grade innovated school project to 300 rural and peri-urban schools, including those of the NGO Fe y Alegría, and to use the results to explore nationwide expansion with the Government and the World Bank; (b) to apply the results to national curriculum reform and teacher-training efforts, including other donor-supported education initiatives; (c) to incorporate child rights and gender equity subjects into teacher training and curriculum development, and promote these through school committees on child rights; (d) to develop non-conventional models of early child stimulation and support a network of NGOs and volunteers from neighborhoods and parent associations; and (e) to help develop strategies to facilitate the reintegration of out-of-school children into primary school. Partnerships and the links between the Ministry of Education and key NGOs and institutions, e.g. Poveda and the Centre for Pedagogic Studies, will be cultivated.

18. A cross-cutting programme communication initiative, which will support all programmes, will address advocacy and social mobilization strategies. The reproduction of the Dominican version of the Facts for Life will continue jointly with WHO and UNFPA. Facts for Life communication will achieve sustainable nationwide coverage through primary schools and early child curricula; health education activities of hospitals and large clinics; churches, NGOs and community organizations (including Scouts, Youth Wing of the Red Cross, Christian youth associations, women organizations, and the military), and the media. The messages target children, adolescents and adults to promote healthier life styles. Communication strategies to increase awareness of the public on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women also will be pursued in coordination with the social policy and child and women's rights programme.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy and child and women's rights	1 750	4 500	6 250
Health and nutrition	1 650	3 750	5 400
Education	1 000	1 750	2 750
Programme communication	600	-	600
Total	5 000	10 000	15 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.22
2 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

El Salvador

SUMMARY

The Executive Director presents the country programme strategy note for El Salvador for a programme of cooperation for the period 1997 to 2001.

UNICEF cooperation during this period will support the Government and organizations of civil society in their efforts to improve the well-being of children and women in accordance with the principles of the Convention on the Rights of the Child and the national programme of action (NPA). Monitoring of the NPA shows that the goals for health are achievable. However, the lack of policies and adequate financial resources as well as institutional weaknesses and regional disparities have hampered the fulfilment of the goals for nutrition, education and water supply and sanitation. In this context, the overall objectives of the proposed programme are (a) to ensure that the commitments enshrined in the Convention and the NPA are effectively translated into policies, institutional development and additional resource allocations for programmes benefiting women and children; and (b) to advocate for and support the Government in the achievement of the decade goals. UNICEF cooperation will support a national-level social policy and planning programme and an integrated area-based programme.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. The Peace Accords, signed in 1992, included consensus on a National Reconstruction Plan (NRP), an Economic and Social Agreement and an increased commitment to human rights and democracy as the basis for long-term reconstruction and development. The NRP identified 115 priority municipalities seriously affected by the conflict where social indicators are lower than the national average and where basic services coverage is limited.

2. Progress achieved to date in the implementation of the Peace Accords - increased allotments of public resources to social development during 1992-1995 and the Government's commitment to finance future efforts in the social sectors - are all opportunities for improving the situation of children and women and reducing social disparities. However, the possibilities of advancing peace and democracy could be threatened by a reduction in external remittances (10 per cent of gross domestic product), a possible decline in the amount of foreign aid in future years ($400 million over the last four years) and a funding gap of $600 million to cover commitments of the Peace Accord.

3. The national programme of action (NPA), adopted in 1991, and the current country programme of cooperation for the period 1992-1996 are fully consistent with the Peace Accords and have benefited from increased external assistance and government allocations for the social sectors. Monitoring of the NPA shows that the targets established for the mid-decade goals have been achieved in the following areas: infant and child mortality reduction; polio eradication; measles deaths; immunization and water supply and sanitation coverage; and primary school enrolment. However, serious efforts still need to be made to achieve and sustain NPA goals related to maternal mortality reduction, exclusive breast-feeding, malnutrition, the use of oral rehydration therapy, acute respiratory infections (ARI), the elimination of vitamin A and iodine deficiency disorders, neonatal tetanus and measles eradication. In addition, greater efforts are still required to reduce disparities in those municipalities identified in the NRP and where social indicators are still lagging behind the national average.

4. More than 50 per cent of the estimated total population of 5.1 million live in poverty, with the poorest 20 per cent of the population receiving only 4 per cent of national income while 53 per cent is earned by the wealthiest 20 per cent. Disparities are even higher in the rural areas.

5. The major causes of infant and child mortality are ARI, diarrhoeal diseases and perinatal disorders. Seventy per cent of breast-feeding mothers wean their children before six months of age and 23 per cent of children under five years of age suffer some degree of malnutrition. Of those, an estimated 11 per cent are moderately or severely under weight. Nutritional problems are closely related to poverty conditions as well as to inadequate nutrition education. Water coverage in rural areas - 45 per cent - is one half of that in urban areas. This is aggravated by the destruction of 99 per cent of the primary rain forest, soil erosion and pollution of 60 per cent of the rivers. National pre-school coverage is only 25 per cent and the average school grade attained in rural areas is 2.8, one half of that in urban areas. Only 30 per cent of all children complete sixth grade.

6. The social situation of women is strongly affected by their subordinated political status and gender discrimination. Maternal mortality rates are high

at 158 per 100,000 live births in 1994. Women have an average of 3.8 children; however, this figure increases to 4.5 in rural areas. An estimated 26 per cent of households are headed by women. Around 40 per cent of women over the age of 15 years in rural areas are illiterate as compared to the national average of 31 per cent.

7. Since the ratification of the Convention on the Rights of the Child in May 1990, the Salvadorean Institute for the Protection of Minors has been established and a National Minors Policy has been developed. An analysis of the degree to which child protection rights are enforced reveals that there have been important legal and institutional developments. None the less, as highlighted by the Committee on the Rights of the Child, further progress is required to implement the Convention effectively. This is partially reflected by the following: 2,000 children are institutionalized, mostly as a result of abandonment or poverty; 2,235 adolescents are being held pending lawsuits for various felonies; and an estimated 117,493 children between 10-19 years of age are working, with a high percentage of these below the age of 15. In addition, 5,000 young people have been left disabled by the war, not counting the almost 2,000 children disabled from other causes.

LESSONS LEARNED FROM PAST COOPERATION

8. The large number of programmes and projects has led to a dispersion of activities, thereby limiting effective programme coordination and impact. A more streamlined approach should be developed in the future programme of cooperation. The integrated basic services programme has been effective in facilitating targeted interventions in 39 priority municipalities and this programme should be expanded. The Convention on the Rights of the Child goes beyond the scope of the children in especially difficult circumstances programme and should serve as a framework for all programmes. Weaknesses of counterparts in organization, planning, management, financial implementation and reporting have highlighted the need to further strengthen institutions and build capacity at national and local levels to ensure sustainability of programme interventions. The Government's preparation of a country strategy note, while not yet finalized, has been helpful in identifying specific components for inter-agency cooperation. Social mobilization experience gained during the current programme has enhanced UNICEF credibility nationally and has demonstrated the potential for building effective networks and alliances with various partners and sectors of Salvadorean society.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The 1994-1999 Economic and Social Development Plan (ESDP) includes in its objectives the goals of the NPA, as well as the reduction of disparities and the consolidation of peace, democracy and the respect for human rights. Many of the NPA goals are related directly to the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. The ESDP incorporates four main strategies: (a) to focus social policy and financial resources on those most in need; (b) to decentralize the Government's service delivery and increase inter-institutional coordination; (c) to achieve private and community participation in addressing social needs as a complement to the role played by the Government; and (d) to foster the modernization of the State with an emphasis on social sector reforms.

10. The proposed Government of El Salvador/UNICEF programme of cooperation for the period 1997-2001 aims to support the Government and organizations of civil society in implementing the above-mentioned strategies to improve the well-being of children and women. Monitoring of the NPA shows that goals for health are achievable, but the lack of policies, regulatory framework, institutional capacity and adequate financial resources hampers the attainment of those for nutrition, education and water supply and sanitation. Thus, greater emphasis will be placed on the latter goals in the future programme of cooperation as well as on the reduction of disparities in 41 priority municipalities.

11. Strategies include technical assistance for strengthening the capacity of Government, NGOs and communities to formulate and manage policies and programmes for women and children as part of an ongoing process of sectoral reform. Empowerment will focus on municipalities and communities to reduce disparities through the delivery of integrated basic services at the local level. At the same time, social mobilization and advocacy will cultivate sustainable governmental, non-governmental organization (NGO), community and private sector leadership for achieving the NPA goals by mobilizing increased public and private resources for children and putting the rights of children and women higher on the political, economic and social agendas of state and civil society. Social mobilization, advocacy and a gender equity approach will be cross-cutting strategies of the country programme. Additionally, the cooperation will support and complement subregional initiatives in Central America. The Social Integration Treaty signed in San Salvador on 31 March 1995 during the XVI Central American Presidential Summit also provides an important opportunity for cooperation among countries as part of a coordinated approach through regional programmes for the solution of major social problems.

12. Social policy and planning. Major areas of intervention are (a) child and women's rights; (b) social reform; and (c) monitoring and evaluation. The child and women's rights component will support the development of legislation and the necessary regulatory framework for ensuring that it is consistent with the Convention on the Rights of the Child. It also will promote community-based, preventive programmes aimed at protecting children and adolescents at risk. In the area of women's rights, UNICEF support will aim to increase public awareness of the principles of the Convention on the Elimination of All Forms of Discrimination Against Women. Support also will be provided for the revision of criminal and labour codes to ensure consistency with the Convention and the adoption of gender-sensitive policies on subjects related to women's education, health and income equality in accordance with the Plan of Action of the Fourth World Conference on Women. Major partners will include the National Family Secretariat, the Salvadorean Institute for the Protection of Children, the Office of the Ombudsman for Children, the Ministry of Labour, the Division of Social and Economic Policy, the Congressional Commission for the Family, Women and Children and the working group of NGOs represented in Congress.

13. Within the context of the health and education sector reform currently supported by the World Bank and the Inter-American Development Bank, UNICEF will support the development of policies, programme guidelines, norms and training for sustaining and achieving NPA health and education goals. An increased allocation from the public budget for those goals will be an important indicator for monitoring their progress. The monitoring and evaluation component will strengthen national capacity for monitoring both NPA goals and the situation of children and women, including trends in the reduction of poverty and disparities. A special monitoring system to follow up compliance with Convention on the Rights of the Child and the Convention on the Elimination of

All Forms of Discrimination Against Women also will be implemented. Additionally, at the local level, support will be given to the Salvadorean Institute for Municipal Development to strengthen local information systems and the monitoring of progress in relation to NPA goals, as well as to compliance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women in the 41 selected municipalities.

14. Integrated area-based programme. This programme will be expanded and consolidated in 41 of the 115 priority municipalities identified in the NRP. The objective of the programme, which will be implemented within the framework of the decentralization process taking place in the country, is to strengthen municipal- and community-level capacity for the planning, monitoring and delivery of an integrated basic services package for improving the conditions of children and women. The success of municipal interventions will be measured against progress towards the achievement of the NPA targets in each municipality. The specific strategies to promote sustainability will include (a) convergence of service delivery using water supply and sanitation projects as an entry point for the implementation of education, nutrition and health projects in an integrated manner; (b) capacity-building for social planning and monitoring; (c) development and expansion of cost-effective technologies; (d) community participation and cost-sharing of capital and recurrent costs of basic services; (e) empowerment of community-based organizations using a gender approach and through access to information, knowledge, skills and financial resources; (f) promotion of private sector participation in the delivery of basic services at the local level; and (g) establishment of an organizational mechanism to enhance interaction between the national and area-based programmes.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy	1 825	4 675	6 500
Area-based programme	3 175	12 325	15 500
Total	5 000	17 000	22 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.23
9 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Guatemala

SUMMARY

The Executive Director presents the country programme strategy note for Guatemala for a programme of cooperation for the period 1997 to 2001.

Following some 30 years of internal conflict, Guatemala is on the road to peace and economic recovery. However, the majority of the population live in poverty. Poverty is concentrated among the indigenous populations, who also were most affected by the armed conflict. Through its National Plan of Action and the peace process, the Government has stated its commitment towards the achievement of a range of social development goals, including those for children and women. Among them are the promotion of democracy and integration, equitable development and the fulfilment of the decade goals, and respect for human rights.

From previous UNICEF cooperation, there are several key lessons to apply to the proposed country programme strategy. They emphasize the overall sustainability of decentralized actions, the success of new models focused on community empowerment and the overriding influence of advocacy and social mobilization programmes on society. As a result, the major strategies planned for the future cooperation are advocacy/social mobilization, service delivery, empowerment, capacity-building and horizontal cooperation in Central America. These strategies will support the following two programmes: social policy development, which will be implemented at the national level and will aim to support social policy reform, promote and support the effective implementation of the Convention on the Rights of the Child and achieve the active participation of civil society in social development efforts; and integrated basic services, which will be implemented in seven departments.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. More than one half of Guatemala's estimated 10 million population are comprised of 22 indigenous Mayan groups, most of whom live in rural poverty, each speaking a different language. Fifty-four per cent of the population are children under 18 years of age. The top 20 per cent of the population earn 61 per cent of national income, and 20 per cent of the poorest households earn 2 per cent. An estimated 75 per cent of the population live in poverty, of whom 54 per cent live in extreme poverty.

2. The majority of the poor are concentrated in seven highland departments - which are also the most affected by internal armed conflict - and in marginal urban areas. In those areas, social indicators are some 60 per cent worse than the national averages. The indigenous population has not yet sufficiently benefited from the development process, nor does the educational system take into sufficient account the variety of languages and native cultures.

3. Structural social inequities have contributed to more than 30 years of internal armed conflict which has created 750,000 orphans, refugees, returnees and internally displaced persons. A peace process is now under way with United Nations' mediation. Human rights is a key issue, and an agreement is being implemented under the supervision of the Special United Nations Mission for Guatemala.

4. Since 1990, significant progress has been made towards the attainment of some of the decade goals. According to official government figures, both infant and child mortality rates have continued to decrease at a rate that is sufficient to achieve the mortality reduction goals. Mortality due to diarrhoeal diseases has declined with the increased use of oral rehydration therapy to 70 per cent. Sugar fortification with vitamin A also has increased to almost 100 per cent; national salt iodization was estimated at 80 per cent in 1994. Eighty per cent of the national hospitals have been assessed as baby-friendly. External cooperation combined with the increased participation of civil society have been key factors in these achievements. However, sustainability of these goals will require effective social policies that are implemented in a context of peace and human rights.

5. Special efforts will be needed for the achievement of other goals such as for universal child immunization, which is less than the 80 per cent target; maternal mortality, which is 250 per 100,000 live births (1992); rural water supply and sanitation coverage; and increased access to primary school education.

6. The Congress already has ratified the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. As part of the agreement signed by the Presidents of Central America at their Summit held in El Salvador in 1995, the Government has updated its National Plan of Action (Programa de Desarrollo Social)(PLADES)) and reiterated its commitment to achieving the goals. The Government also has established social compensation funds to finance development projects in favour of the poorest, especially those affected by the armed conflict.

LESSONS LEARNED FROM PAST COOPERATION

7. Service delivery is more effective and can be sustained when it is developed with community participation and is part of a national policy, thus being replicated with national resources. Isolated, sectoral actions are less effective than integrated and coordinated interventions. Consequently, the new programme will focus on a reduced number of well-defined and integrated services. For example, bilingual and inter-cultural education methods have proven to be effective in decreasing drop-out rates, as well as in raising awareness among the indigenous population of their rights.

8. The conceptual framework of the programme for children especially difficult circumstances provided a limited response to the protection aspects of the Convention on the Rights of the Child and the new political environment, characterized by the respect for human rights. Thus, promotion of the Convention should play an important and complementary role in contributing to the efforts of the peace process to improve human rights in Guatemala. Social mobilization has been the most effective strategy to achieve key social changes, stimulated by civil society initiatives, without creating conflict.

9. The private sector has played a major role in the fortification of sugar with vitamin A, the distribution of oral rehydration salts and the mobilization of mass media. The decentralization of PLADES has proved to be an effective instrument for municipal-level planning, management of resources and service delivery. In parallel, the social information system for monitoring the national goals also is undergoing a process of decentralization to municipal levels. Such types of initiatives will continue to be strengthened in the new country programme.

10. The Central American social agreements, especially the Central American Social Integration Treaty, have stimulated regional and country mobilization around key social issues and have promoted horizontal cooperation among the Central American countries. UNICEF-supported subregional programmes have facilitated these cooperative initiatives.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. Among other things, PLADES aims to, (a) promote economic growth, with sustainable social development; (b) encourage social policies as a basis for the integration of the population; (c) achieve the World Summit for Children goals; (d) improve resource allocations for investment in the social sector to tackle the structural problems of poverty; and (e) strengthen local government capacity and promote community organization.

12. As part of a larger United Nations effort, the proposed country programme objectives will contribute to (a) maintaining and consolidating the peace process; (b) promotion of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women as important, ethical tools for national reconciliation and advocating children and women´s rights; and (c) achievement of the goals for children and women as set out in PLADES, with an emphasis on disparity reduction and sustainability for poor, indigenous populations in selected rural areas and urban slums.

13. In the proposed strategy mix, advocacy and social mobilization will focus on building consensus and cooperation among all social forces on behalf of children's and women's rights. A highly effective use of the situation analysis of children and women will be important for this strategy. The service delivery strategy will focus on the provision of sustainable social services in selected poor rural and urban areas. The strategy for empowerment will enable poor families and communities to play a greater role in planning and managing services, as well as in assuring their social rights. A synergism will be created between the strategies of empowerment and service delivery which will provide a strong framework for sustainability. A capacity-building strategy will enable central and local institutions, mainly at the municipal level, to strengthen management of social policies and programmes. Resource mobilization will raise and redirect available financial resources from the private sector, bilateral agencies and financial institutions for the goals. Regional cooperation will reinforce Central American solidarity around children's issues within the context of the Central American social integration process.

14. There will be two programmes: social policy development and integrated basic services. The first programme, which will be implemented at the national level, aims to support social policy reform and promote and support the effective implementation of the Convention on the Rights of the Child, with the active participation of civil society. Of the three components, the one for the Convention on the Rights of the Child will support implementation of administrative, legislative and social measures to enforce children's rights. UNICEF will support (a) the harmonization of national legislation with the Convention; (b) the development, implementation and monitoring of an information system to monitor compliance with the Convention at the national level; and (c) selected studies on children's rights which will strengthen the roles of national institutions and non-governmental organizations (NGOs) in the implementation of the Convention. One result will be to generate greater public awareness on how to effectively implement children´s rights. Another objective will be to strengthen the capacity of relevant government departments in the formulation, analysis and management of social policies and strategies to increase access to sustainable, quality services through more efficient use of public resources. A major partner for UNICEF support will continue to be the Social Cabinet, particularly for the decentralization of PLADES. UNICEF also will support the National Institute of Statistics in the development of a system to monitor the situation of children and women. Support also will be provided for strengthening municipal capacity in the management of social plans and the use of a gender framework in all aspects of planning and implementation. The major results will include the formulation of a set of legislative and administrative measures and coherent policies benefiting children and women. The third component of advocacy, information and social mobilization aims to increase public awareness of children´s issues and rights and to stimulate support for the effective implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and PLADES, using both traditional and non-traditional channels. It also will foster a stronger nationwide partnership between the state and civil society in the development and implementation of rights and programmes for women and children.

15. The integrated basic services programme aims to improve the quality of the lives of children and women in seven priority departments. A major strategy will be capacity-building through the development of municipal plans of action

which will support integrated programme design, implementation and monitoring. In coordination with the Pan American Health Organization, community primary health services, and through the Ministry of Health, NGOs, churches and the municipalities, the health and nutrition components related to the achievement and sustainability of the decade goals will be expanded further. Nutrition services will focus on the reduction of malnutrition, the virtual elimination of iodine deficiency disorders and vitamin A deficiencies, and the reduction of iron deficiencies (anaemia), with support from the private sector. Among the expected results is the reduction of infant, under-five and maternal mortality.

16. The objective in education will be to continue the expansion of bilingual inter-cultural primary education in order to reduce drop-out and repetition rates. The main partners will be the Ministry of Education, NGOs and the private sector. Health and nutrition topics will be incorporated into the curricula. The results should include an increase in primary education coverage and improvement of knowledge, skills and values of the indigenous population. The objective in water supply and sanitation will be to expand access and coverage of facilities in partnership with the Ministry of Health and community organizations. Hygiene education and related health education activities will be reinforced further by the health and nutrition as well as other components. One expected outcome will be the reduction of diarrhoeal diseases. Helping women to develop sustainable income-generating activities should contribute to increased household incomes and improved household food security. Through the Ministry of Agriculture, rural women will receive credit to help them establish cooperatives and other small community businesses such as grocery stores and handicraft shops. UNICEF will provide technical assistance to the Government for the development of national policies for increasing the access of poor rural families to credit facilities.

17. The proposed country programme also will support and complement subregional initiatives of UNICEF in Central America. This will enable the cooperation to draw on institutions, agreements and resources of the Central American integration process to strengthen national efforts to improve the situation of women and children.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy development	1 025	2 500	3 525
Integrated basic services	3 975	22 000	25 975
Total	5 000	24 500	29 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.24
6 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Jamaica

SUMMARY

The Executive Director presents the country programme strategy note for Jamaica for a programme of cooperation for the period 1997 to 2001.

In evaluating Jamaica's progress in the implementation of the Convention on the Rights of the Child, the United Nations Committee on the Rights of the Child has pointed to several factors impeding the enjoyment of child rights, especially with respect to health, education, juvenile justice and general protection. Favourable national averages mask significant geographic and socio-economic disparities with respect to health, nutrition and education, i.e. with respect to their rights as children. Jamaica's stated national priority is the eradication of poverty. UNICEF will focus on those groups and geographic areas most affected by poverty and support processes that enable communities and families to solve their own problems. Advocacy and social mobilization will be used to further develop awareness of the needs and rights of Jamaican children, as well as the political and societal will to act on such knowledge. Capacity-building will be critical if the decentralization process is to be effective in poverty reduction. UNICEF support for improved service delivery is limited to selected low-income parishes and for children requiring special assistance, with an emphasis on sustainability. The empowerment of communities, parents and families, and children themselves is seen as an expected outcome of the programme rather than a strategy per se. The country programme will include four areas of intervention: social policy for women and children; basic education/early childhood education; children and youth at risk; and integrated area-based development.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Jamaica has ratified both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. Following the World Summit for Children, Jamaica prepared a National Plan of Action for Children which, at the national level, shows generally favourable indicators with respect to child survival and development. The mid-decade goals have been met with the exception of the Baby-Friendly Hospital Initiative, and even there progress has been accelerating. The favourable national averages, however, mask significant geographic and socio-economic disparities in child health, nutrition and school performance. The Committee on the Rights of the Child, in its concluding observations on Jamaica's report, pointed out deficiencies with respect to the child's rights to health and education, juvenile justice and special protection.

2. Among the factors contributing to this situation are severe economic problems and a focus on economic adjustment. Social policies and related services, especially for poor families, children and women, have received relatively less attention. One third of Jamaica's population of 2.4 million are poor. Cutbacks in public expenditures in health and education and the removal of various subsidies have affected particularly the 40 per cent of households headed by women. The Government has vowed to improve this situation and has declared the eradication of poverty to be its first priority.

3. Although access to primary education is high, problems of school performance are persistent. The poorest children are those most affected: only 63 per cent of children from the poorest quintal are enrolled in schools. Many who are enrolled do not attend on a regular basis, withdrawing to do occasional labour. Parental support for their children's education, particularly for boys of poor families, is limited by immediate economic need and, in some cases, indifference. In 1990, one third of the children enrolled in primary schools could not master any tests at their grade level. Boys in particular are failing academically, not only in the primary but also in the secondary system.

4. Gaps in national legislation and the inadequate enforcement of existing laws do not afford adequate protection to children at risk from abuse, neglect and abandonment. In 1994, over 800 cases of sexual and physical abuse were reported - the highest yearly total ever. Since 1989, the number of street children has doubled to 2,500, a symptom of family structures being unable to cope with economic and other pressures. There has been an increasing use of violence by children - and on children - as a means of settling conflicts. Teenage pregnancies account for 24 per cent of all births in Jamaica. HIV/AIDS is emerging as another cause of morbidity and mortality in children, particularly but not exclusively in late adolescence; as of June 1995, 91 cases of AIDS have been reported among children under the age of 10 years.

5. Renewed Government commitment to improving the social situation has been accompanied by the recognition for local government reform, particularly the decentralized control of services. While the strategy is sound, it is not without problems. Local governments, particularly in the poorest areas where the greatest improvements are needed, are relatively inexperienced in project planning, management, implementation and monitoring.

LESSONS LEARNED FROM PAST COOPERATION

6. As in many countries, Jamaica's experience with the Convention on the Rights of the Child has shown that ratification is only one step in the process of sustainable improvement of the situation of children. The body of national law is now under review, particularly with respect to the rights of protection. Ensuring that all children enjoy the rights of survival and development will require administrative reform and improved institutional capacity. These processes must be complemented by public education and mobilization to sustain civic demand for children's rights.

7. Jamaican girls tend to perform better and stay in school longer than boys, only to find their career options limited to low-paying jobs when they do leave the classroom. Studies have pointed to gender stereotyping in child-rearing practices, the school curriculum and appropriate role models as working to the disadvantage of both boy and girl children as they grow into adolescents and adults. The change of deeply-rooted, traditionally held beliefs is a long process requiring institutional modifications - as in the school curriculum - as well as attention to what happens at home.

8. In the first years of the decade, an urban basic services programme targeting specific deprived communities was successful in achieving higher immunization rates, lower levels of malnutrition, improved income earning abilities and organizational empowerment among specific communities. This model, combining expanded services with improved managerial capacity at the local level, can be replicated in the poorest parishes in the interior of the island. Administrative and financial decentralization to the parish level has made the improvement of local management imperative.

9. While a system for monitoring the health and educational status of children has been established, the information gathered has not been used systematically for influencing policy decisions. This deficiency must be addressed, again with new emphasis on local decision-making.

PROPOSED COUNTRY PROGRAMME STRATEGY

10. The Government of Jamaica has declared the eradication of poverty to be its highest priority. The agencies of the United Nations in Jamaica, as reflected in their work to date on the country strategy note, are committed to focusing future programmes on human resource development, the further development and implementation of equitable social policies, and improved services to selected, deprived and underserved geographical areas and low-income groups. UNICEF recognizes poverty as a basic cause of problems affecting children and will collaborate with the Government and non-governmental organizations (NGOs) with financial and technical support in favour of community action to eradicate poverty and in protecting children from the most pernicious effects of poverty.

11. The Government of Jamaica/UNICEF programme of cooperation will focus on (a) social policy, particularly as it relates to the rights of all children to survival, development and protection; (b) education and young child development; (c) the needs and rights of children who are in especially difficult

circumstances - frequently associated with poverty; and (d) improving the quality of life in designated low-income communities through the provision of basic services and community empowerment. The programme will seek to promote compliance with the recommendations of the Committee on the Rights of the Child through the implementation of selected and relevant goals of the National Plan of Action.

12. Because the needs of children in Jamaica far outweigh the capacity of UNICEF to respond directly, the programme strategy depends on mobilizing strategic partnerships. Advocacy and social mobilization are complementary strategies to further develop awareness of the needs and rights of Jamaican children and the political and societal will to act on such knowledge. Generating accurate and useful information on the situation of children, including local-level information with respect to the goals of the National Plan of Action, is an important element of this strategy. Communication is equally vital, and UNICEF will continue to work in alliance with the mass media, popular artists and leaders from the public and private sectors in public education and mobilization.

13. Institutional capacities to plan, carry out and monitor programmes in favour of children and women are not yet adequate in Jamaica, particularly at parish and local levels. As administrative decentralization proceeds, a new strategy will focus on local government and NGOs working together to solve community problems. The role of UNICEF will be to assist through training and technical support.

14. The strategy to improve services will be limited to selected parishes where the lack of services remains an important cause of poor child health and development, or where specific populations, e.g. out-of-school youth, require special attention. In both cases, improved institutional capacity of local government, non-governmental and community institutions will be the primary means for improving service delivery.

15. The empowerment of communities, parents and families, and children themselves is the expected outcome of the programme, as well as a strategy. At the community level, empowerment includes the ability of communities to better control resources through strengthened organizational, planning and operational capacity. For parents and families, empowerment includes a better knowledge of the rights and responsibilities of men and women alike, as well as better parenting skills. For children, it includes establishing a new tradition supportive of their rights and better education.

16. The country programme structure will have four components. The social policy for children and women will aim to develop further the legal and institutional framework to ensure the rights and well-being of children and women. The strategy includes advocacy and technical assistance for legislative reform and policy development, as well as social mobilization to generate sustained public support for the process. UNICEF also will provide technical support to improve planning, which will focus on the better use of information gained from monitoring the National Plan of Action for Children and the status of vulnerable groups.

17. The objective of the basic education/early childhood education programme is to improve the learning achievement of primary school-age children. National capacities will be strengthened for the planning, implementation and monitoring

of innovative techniques designed to improve the quality of basic education. Among the issues to be addressed are school community relations, promoting parents' interest in their children's school performance and increasing the knowledge and skills of parents and other caregivers in key aspects of children's mental, social and emotional development. Special focus will be placed on gender aspects of the socialization and developmental needs of young children.

18. The programme on children and youth at risk aims to improve the situation of children whose rights of protection are threatened. They include abused, neglected and institutionalized children, the disabled, teenage mothers, out-of-school youths, delinquents, street children and working children, and children exposed to HIV infection. Again, the strategy focuses on the community and the family, promoting better parenting and healthy lifestyles. UNICEF will provide technical and training support to increase the capabilities of formal and non-formal institutions to prevent, recognize and treat special problems of children and youth.

19. The objective of the integrated area-based development programme will be to improve the indicators for health, nutrition, education and water supply and sanitation in low-income communities in selected parishes. The strategy will focus on helping municipal governments and community organizations to work together on improving social services. This requires enhanced capacity for both types of organizations with respect to problem identification and analysis, project and financial planning, implementation and monitoring. UNICEF support for technical services and training in these subjects will help to sustain the improved services.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Social policy for children and women	510	1 250	1 760
Basic education and early childhood education	885	2 250	3 135
Children and youth at risk	1 090	2 750	3 840
Integrated area-based development	1 265	3 750	5 015
Total	3 750	10 000	13 750

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.25
2 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Nicaragua

SUMMARY

The Executive Director presents the country programme strategy note for Nicaragua for a programme of cooperation for the period 1997 to 2001.

In Nicaragua, 53 per cent of the population are under 18 years of age and 84 per cent of children live in poverty. Despite these constraints, there are important signs of hope in the country which is still grappling with a process of economic recovery, political reconciliation and democratization following years of armed conflict. Although still high, infant, child and maternal mortality rates have continued to decrease over the last five years. The Government has ratified the Convention on the Rights of the Child, developed a national programme of action as a follow-up to the World Summit for Children and is making progress towards most of the mid- and end-decade goals.

In accordance with national policies, the proposed programme will support the country in achieving such national goals as reduction of infant and child mortality, improved maternal care, reduction of primary school drop-out and repetition rates and expansion of water supply and sanitation coverage. In all aspects of the programme, attention will be given to strengthening national and local capacities for improved quality and coverage of services. Community and family empowerment will be pursued to guarantee sustainability. Social communication and mobilization, a gender approach and monitoring and evaluation will be cross-cutting strategies.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Nicaragua is a country of young people: 53 per cent of the population, currently estimated at 4.1 million, are under the age of 18 years. This trend is likely to continue in the short term given the high fertility rate of 4.6 children per woman and with 20 per cent of all births occurring to women under 20 years of age. Approximately 84 per cent of all children are living in poverty and 28 per cent of households are headed by women, 41 per cent of them living in extreme poverty. Between 1990 and 1994, real gross domestic product per capita continued to decrease, to $417, or 33 per cent of its 1977 value. Despite these constraints, there are important signs of hope in the country which is still grappling with a process of economic recovery, political reconciliation and democratization following years of armed conflict.

2. Between 1990 and 1994, the infant mortality rate decreased from 72 to 58 per 1,000 live births and the under-five mortality rate declined from 81 to 68 per 1,000 live births. The maternal mortality rate, while still high, decreased from 159 to 110 per 100,000 live births. Given these trends, the country is in a position to achieve the World Summit for Children mortality reduction goals by or before the year 2000. Substantial progress also has been made towards the mid-decade goals. Polio has been eradicated, measles is likely to be eradicated by 1997 and there were no reported deaths caused by neonatal tetanus in 1994. Currently, 89 per cent of all salt is iodized and over 92 per cent of all children between 6 and 11 months of age and 48 per cent of all children 1-4 years old have received vitamin A supplements. The Government has ratified both the Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child. A national programme of action (NPA) has been formulated and the National Commission for the Protection and Defense of Children's Rights is monitoring the NPA goals. The Convention on the Rights of the Child has been incorporated into the national constitution and a legislative proposal for a "Code for the Child" is being drafted for congressional approval.

3. Although national non-governmental organizations (NGOs), community organizations and other cooperation agencies are becoming more involved with government initiatives for children, a number of indicators reveal continuing problems in meeting the needs and rights of children. There are regional disparities, with social indicators falling below the national average in the Central, Northern and Atlantic regions. Throughout the country, there is a 12 per cent rate of child malnutrition and high primary school repetition rates. Major causes of infant and child mortality continue to be diarrhoeal diseases and acute respiratory infections (ARI). Child abuse, institutionalization, drug addiction, prostitution and labour exploitation, as well as children in conflict with the law, are problems of growing concern.

LESSONS LEARNED FROM PAST COOPERATION

4. Strategies for capacity-building and community empowerment have been most effective at the subnational level. This strategy mix should be pursued further within the context of the Government's decentralization policies. Gender

training activities have helped to build consensus on the need for more gender-sensitive social policies and should be continued. The link between the NPA goals and the Convention on the Rights of the Child has become more evident at policy-making levels, which has facilitated efforts aimed at mobilizing organizations and national resources for children. This link should be strengthened in the new programme. However, greater emphasis needs to be given to strengthening information systems to monitor the situation of children for improved communication and mobilization activities. An evaluation of the water supply and sanitation programme has identified the need to strengthen the hygiene education component. Initiatives to enhance child participation should be strengthened, as appropriate, in different parts of the country programme.

PROPOSED COUNTRY PROGRAMME STRATEGY

5. National commitments to the NPA goals and the Convention on the Rights of the Child are closely linked to the Government's Social Agenda, which aims to: (a) prioritize the poorest and most vulnerable population; and (b) improve the efficiency and effectiveness of basic services through decentralization, participation of civil society, inter-institutional coordination and improved management and targeting of interventions. Although the United Nations country strategy note has not yet been finalized, the Government has established poverty reduction as the guiding principle in its preparation.

6. The proposed programme of cooperation will support the country in its efforts to achieve national goals for children by supporting interventions aimed at: (a) reducing infant and child deaths due to diarrhoea and ARI in regions where mortality rates are above the national average; (b) improving the quality of maternal health care and increasing access to prenatal and perinatal care; (c) strengthening monitoring systems to ensure that salt iodization levels are sustained; (d) eliminating vitamin A deficiency; (e) reducing school repetition and drop-out rates in the first two years of primary school; (f) increasing water supply and sanitation coverage in underserved rural and marginal urban areas; (g) increasing public awareness and understanding of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (h) legislative, institutional and policy improvements required for the protection of children's rights.

7. The programme will be implemented at two levels: national and area-based. Priority attention will be given to strengthening national capacity for improved quality and coverage of services. Special emphasis will be given to strengthening the capacity of local-level authorities to plan and implement services with greater community and NGO participation. Community empowerment strategies will be linked to service delivery interventions for increased access and sustainability. Social communication and mobilization, gender mainstreaming and monitoring and evaluation will be cross-cutting strategies.

8. Health and nutrition. This programme, which is national in scope, will be implemented in coordination with the Pan American Health Organization, the World Health Organization, the United Nations Population Fund and the World Food Programme. Interventions will aim to sustain mid-decade goals for immunization,

the Baby-Friendly Hospital Initiative (BFHI), oral rehydration therapy, salt iodization and vitamin A deficiency; and to strengthen the decentralization of health services in selected regions of the country. Towards this end, support will be provided for strengthening the capacity of the Ministry of Health to monitor salt iodization for continued compliance with salt iodization legislation; improving epidemiological surveillance and health information systems; eliminating vitamin A deficiencies through sugar fortification; and expanding BFHI to all hospitals in the country. Social mobilization of all national partners will be a fundamental strategy for achieving these goals.

9. Support will be provided for strengthening the capacity of selected local integrated health care systems to improve the quality of maternal and child health services. Training will increase the skills of health workers and promote an integrated care approach to reduce missed opportunities for child care. Training and service delivery support also will be provided for the expansion of women's reproductive health and child nutrition services offered through community-based solidarity networks. Gender training of major partners, community-based groups and NGOs also will be supported.

10. Water supply and sanitation. This programme will be implemented within the framework of the UNICEF subregional water supply and sanitation programme for Central America. Strategies will be gender-sensitive and will strengthen local- and municipal-level capacity for expanding sustainable water supply and sanitation facilities using low-cost models of service delivery. Hygiene education activities will be implemented in coordination with the Ministries of Health and Education and the National Water Authority. UNICEF will provide technical assistance and training of technicians and members of community water committees. Interventions will be concentrated in the same locations as the local-level human development and health and nutrition programmes to enhance linkages with other interventions.

11. Basic education. This programme will pursue two strategies aimed at reducing drop-out and repetition rates in the early grades of primary school. They are support for an expansion of preschool coverage through non-formal, community-based models and in-service training of multigrade teachers in rural schools. Technical support will be provided to the Ministry of Education for the development of innovative teaching methods for over-aged children and for the development of learning materials.

12. Child and women's rights. Major strategies will include advocacy for the establishment of an independent child ombudsperson's office and technical support for legislative reform to ensure consistency between the Convention on the Rights of the Child and child-related legislation. Priority will be given to the Legal Code for Children, child labour laws and legislation concerning children in conflict with the law. Support will be provided for strengthening the capacity of institutions that provide services for women and children in difficult circumstances. Increasing the national information base on such subjects as child prostitution and rural child labour will be another priority. In close coordination with other partners, a system will be established to monitor implementation of the Convention. Gender training of government and NGO personnel will continue to be supported through this programme.

13. Human development at the local level. This area-based programme will enable sharper targeting of the national programmes and facilitate the delivery of an integrated package of interventions in selected municipalities in the five regions of the country where disparities are highest. Support will be provided to municipal commissions for children and local development councils for the development of plans of action for achieving municipal and local NPA goals. To this end, technical and financial support will be provided for strengthening local-level institutional capacity for intersectoral collaboration and planning, monitoring and evaluation, and expanding the coverage of decentralized service delivery models that build on community empowerment strategies.

14. Social communication and mobilization. The overall objective of this programme is to cultivate sustainable leadership at all levels for achieving the NPA goals, mobilizing increased public and private resources for children and putting the rights of children and women on the political, economic and social agendas of the state and civil society. Major lines of intervention include advocacy and social mobilization to promote the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women; sensitization of policy makers, society and the family on the rights of the child, the girl child and the elimination of gender disparities; monitoring the situation of children and women; orientation of the mass media on child-related issues; and identification of possible areas for the private sector to play a strategic role in achieving specific goals, e.g. sugar fortification and salt iodization.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 200	5 000	6 200
Education	1 500	2 000	3 500
Water supply and sanitation	200	3 000	3 200
Child and women's rights	1 320	3 000	4 320
Human development at the local level	180	5 000	5 180
Social communication and mobilization	600	-	600
Total	5 000	18 000	23 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.26
6 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE*

Panama

SUMMARY

The Executive Director presents the country programme strategy note for Panama for a programme of cooperation for the period 1997 to 2001.

Panama has restored democracy and presently is experiencing buoyant economic growth and making good progress in the social sectors. However, a large part of the population still is not benefiting sufficiently from the economic progress and from social services. The Government is focusing on disparity reduction. The goals of the World Summit for Children might be reached and sustained if more national resources focused on the poorest groups and the capacity and efficiency of public sector institutions were improved.

The proposed country programme strategy would address five objectives related to: (a) implementation of the Convention on the Rights of the Child; (b) improved monitoring of the situation of children and women; (c) better protection of children at risk; (d) increasing community awareness of child rights; and (e) support for services in poor municipalities. Interlinked strategies of empowerment, capacity-building, advocacy and social mobilization and, to a limited extent, service delivery, will support three programmes: promotion of children's and woman´s rights; municipal social development; and a "stay in school" initiative. Advocacy and social mobilization, capacity-building at the municipal level and the empowerment of poor communities, particularly of indigenous populations, in local-level planning and implementation will focus on disparity reduction for the poorest municipalities.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

95-34125

THE SITUATION OF CHILDREN AND WOMEN

1. For Panama, the first half of the 1990s was a period of restoration of democracy and economic recovery from the devastating crisis of 1987-1990. Gross national product per capita reached $2,600 in 1993, among the highest in Latin America. However, the top 20 per cent of the country's 2.6 million inhabitants receive 45 times more income than the bottom 20 per cent. Approximately 40 per cent of the population do not generate sufficient income to meet all of their basic needs. Social policies are trying to cope with this problem by supporting progressive decentralization of social programmes.

2. By the end of 1995, it is likely that the mid-decade goals for the Baby-Friendly Hospital Initiative, universal salt iodination and reduction of deaths due to acute respiratory infections will be achieved, but policy changes and external support will be needed to achieve the nutrition goals for the decade. The decade goals for infant and maternal mortality will not be reached if the trends of 1990-1994 continue. Additional efforts will be required in rural areas. The decade goals for water supply and sanitation and primary education may be reached through the reallocation of governmental resources to less developed areas.

3. Rural inhabitants, particularly the country's 200,000 indigenous people, have yet to benefit fully from progress and development. The infant mortality rate, estimated at 24.7 per 1,000 live births, is four times higher among indigenous infants. The national maternal mortality rate is 55 per 100,000 live births, in contrast with 440 in provinces with mainly indigenous populations. An estimated 70 per cent of all maternal mortality occurs in rural areas. Coverage of both water supply and sanitation services, at almost 90 per cent nationally and close to the national programme of action (NPA) goal, is below 60 per cent in three provinces with the highest concentration of indigenous people. Illiteracy among indigenous women, at 53 per cent, is five times the national average. Panama has achieved a net primary school enrolment ratio above 90 per cent, but in peri-urban settlements and rural indigenous areas, drop-out and repetition rates are more than twice the national average, and fewer than 50 per cent of students reach the fifth grade.

4. Panama ratified the Convention on the Rights of the Child in 1990 and submitted its first report to the Committee on the Rights of the Child in 1995. The recently approved Family Act still needs to be fully harmonized with the provisions of the Convention. Child protection rights, as defined by the Convention, frequently are challenged by institutions and individuals who cite an increase in crime and violence by urban, marginalized youngsters. A challenge for UNICEF cooperation, therefore, is to help Panama expedite its encouraging efforts to focus on implementation of the Convention and reduce disparities with respect to child survival, development and protection.

LESSONS LEARNED FROM PAST COOPERATION

5. An evaluation of projects for disabled children concluded that centralized services were not sustainable. Therefore, UNICEF has phased out support to centralized institutions in favour of promoting cost-effective approaches that include cooperation between the Government and non-governmental organizations (NGOs), as well as community-based education for disabled children.

6. The mid-term review revealed that the primary health programme supports capacity-building at the national level, but that there is inadequate support to capacity-building in provincial- and local-level planning as well as in social communications and community participation. An evaluation of the management of the expanded programme on immunization revealed the need to improve coordination among central, provincial and local levels.

7. The water supply and sanitation programme was designed to provide services to rural and peri-urban areas. However, a 1993 evaluation showed the need to enhance and improve community organization and training of local water committees to ensure sustainability of services. Consequently, cooperation has shifted towards capacity-building and support for low-cost technologies, community participation and education in personal hygiene and environmental sanitation.

8. Programmes for children in especially difficult circumstances and education have close links with urban children and youth, but have yet to achieve this link with rural, particularly indigenous, children. Greater advocacy and increased monitoring will be needed to strengthen the focus on indigenous populations.

9. Most NGOs and some municipalities with progressive mayors are receptive to a gender-sensitive approach in the design of social policies and programmes. However, most public institutions do not easily adapt to the analysis of gender gaps and disparities. More systematic and sustained advocacy and technical support are needed at all levels.

10. In the adaptation of national legislation to the Convention on the Rights of the Child, UNICEF will have to upgrade its roster of sources of international assistance in order to provide the expertise required for the completion of a comprehensive Children's Act.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The Government's socio-economic policies for the remainder of the decade will try to reduce the significant concentration of income and wealth in the possession of a few and redirect the allocation of resources to focus on social investments in the poorest areas, with priority on improving the quality of education and expanding basic services to those living in absolute poverty, especially children and women.

12. The objectives of the proposed programme of cooperation are to assist the Government in its efforts to develop strategies for the reduction of social disparities through the following: (a) compliance with the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women and achievement of the NPA goals; (b) the development of information management systems to monitor the realization of the rights of children and women and attainment of goals; (c) improved protection of children at high risk; (d) increasing awareness of communities and children themselves about the rights of the child; and (e) support for the expansion of coverage of basic services in the poorest municipalities.

13. The main strategies to be applied in the new country programme include the transfer of knowledge and skills to empower people in 15 of the poorest municipalities to strengthen their use of information about child rights, services and economic opportunities. Training and social mobilization will improve the capacity of those communities to make effective use of information to improve their social situations. Capacity-building will include technical assistance and training to improve planning, monitoring and evaluation at central, regional and municipal levels in order to expand and sustain the coverage of basic services and to reduce social disparities. The training of teachers and health/social workers and the development of information systems at the municipal level constitute the cornerstone of this strategy. Some institutions, such as the office of the Ombudsman for Human Rights, will be strengthened to combine the monitoring of children's and women's rights with advocacy measures.

14. Information on socio-economic disparities will support the efforts of mass media to raise consciousness of and sensitivity towards the situation of children and women as part of the strategy for advocacy and social mobilization. Associations such as "Communicators for Children" and "Women in the Mass Media" will promote the principles of the two Conventions. UNICEF will promote and document community meetings and other events which permit a direct dialogue between children and youth and decision makers within the public and private sectors.

15. UNICEF cooperation will not include assistance for the provision of basic services. Government resources and cooperation with the Inter-American Development Bank and the World Bank will help to meet the costs of infrastructure, equipment, supplies and personnel needed for basic services. UNICEF will provide technical assistance for designs to expand coverage of basic services and related capacity-building initiatives.

16. An emerging strategy for local fund-raising is based partly on the fact that income raised with the UNICEF Greeting Card and related Operations increased by 300 per cent over 1993-1994 to gross $76,000 in 1994. Dissemination of more information to the business community could mobilize participation in, and funding of, UNICEF-supported projects. There is already some indication that programmes benefiting especially marginalized urban children and youth could attract local private sector contributions.

17. The country programme strategy will include three programmes. The promotion of children's and women's rights will aim to increase awareness of the principles of the two Conventions and to help mobilize country resources and political will to implement them. The technical secretariat of the Social Ministry will be the principal point for monitoring and information activities. Universities and other knowledge centres will be linked to an information system on the situation of children and women and will be supported in selected policy research related to the two Conventions. UNICEF will develop partnerships with the private sector for its participation in social services and to mobilize popular support for a comprehensive Children's Act, which would complete harmonization of national legislation with the Convention on the Rights of the Child.

18. The municipal social development plan will facilitate increasing public social investment in the poorest municipalities. The United Nations Development Programme, the World Health Organization/Pan American Health Organization and UNICEF will jointly support the promotion, development and implementation of municipal social development plans (MSDPs), with an emphasis on primary health care, water supply and environmental sanitation and basic education in selected provinces. The mayor and the municipal council will be the coordinating entity, and the MSDP will be implemented by local public institutions, with community participation and support from NGOs. UNICEF will support integrated social planning in 15 of the poorest municipalities in accordance with the results of annual municipal situation analyses. Training of municipal personnel and NGOs will be a priority, as will building partnerships with the private sector. The population covered will number 300,000, of whom 65 per cent are indigenous people, 48,000 are children under five years of age of five, 51,000 are children in the primary school age-group and 128,000 are women of child-bearing age.

19. A "stay in school" initiative aims to create new opportunities to reintegrate children and adolescents into the educational system. UNICEF will support this initiative in five low-income urban communities with 15 primary schools, 400 teachers and 12,000 students. Youth, aged 12-16 years, will be offered life skills training programmes by NGOs, private enterprises and the Institute for Human Resource Development. The Ministry of Works will be the main partner, and 3,000 unemployed youngsters and their families will participate. Parental groups will be organized to support local schools through

community organizations and NGOs. Selected schools will receive additional educational materials and training programmes for teachers. A special supervisory group from the Ministry of Education will provide technical assistance to local school administrators and monitor and evaluate the programme.

20. The Panama country programme will participate in UNICEF-supported subregional initiatives in Central America and strengthen the social sectors through the integration process. This will enable the country programme to use organizational links, agreements and resources of the Integration Treaty to improve the situation of women and children.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Promotion of children's and women's rights	1 250	2 250	3 500
Municipal social development	1 750	4 250	6 000
Stay in school initiative	750	2 250	3 000
Total	3 750	8 750	12 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.27
2 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 6 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Uruguay

SUMMARY

The Executive Director presents the country programme strategy note for Uruguay for a programme of cooperation for the period 1997 to 2001.

Basic indicators for health, nutrition and education show that Uruguay has achieved most of the decade goals related to child survival and development. However, social and geographic disparities jeopardize the rights of many children and adolescents. Child protection presents major challenges, as Uruguay has yet to incorporate new programmes and plans that ensure the rights of all Uruguayan children. Lessons learned from past cooperation in the areas of health and education demonstrate that the country has excellent technical capacity in these fields. Both the situation of children in Uruguay, analysed from the perspective of the Convention on the Rights of the Child, and the national goal to ensure equal opportunities for all suggest that UNICEF cooperation should focus more on areas of legislation, protection and advocacy.

The national goals reflect the country's commitments to the World Summit for Children and its ratification of the Convention on the Rights of the Child. The major objective of the proposed programme is to inform and sensitize Uruguayan society about the situation of children and their rights and to improve related legislation, public policies and social practices. The strategies for achieving this objective are advocacy about the situation of children and their rights as a key element for participation, education and social mobilization, in combination with capacity-building of state institutions responsible for the protection of children through technical assistance and training. This mix and balance of strategies should help to generate much public support for children's rights.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. Unequal opportunities and moderate economic growth, along with unequal access to quality education and health, have created an increasing problem of poverty and social marginalization for many young people in Uruguay. Thus, the Government at present is revising the orientation of its social policies, searching for new approaches to guarantee the well-being of the entire population.

2. The relevant indicators for health, nutrition and education show that the country has attained most of the mid-decade goals related to child survival and development. Goals for the year 2000 for the universal iodination of salt, the Baby-Friendly Hospital Initiative and the reduction of moderate malnutrition still present challenges. However, social disparities related to the protection of children jeopardize the prospects of equal rights for all Uruguayan children. Such important social problems as intra-family violence, street children, working children, adolescent pregnancies, child prostitution and drug consumption have not yet been accurately or sufficiently addressed by public policies. The Child Code of 1934 does not yet comply with the Convention on the Rights of the Child with respect to adoption, child battering, abandoned children and measures for adolescents in conflict with the law, resulting in a high level of institutionalized poor children. Uruguay is currently revising the Child Code to conform to the provisions of the Convention. However, a new law recently passed to increase public security enables the courts to imprison adolescents in adult penal establishments. In addition, Uruguay has yet to incorporate into legislation initiatives that would let children and adolescents express their opinions concerning matters directly affecting them within the family, in school and in public institutions where family-oriented policies are generated.

LESSONS LEARNED FROM PAST COOPERATION

3. The current programme of cooperation for Uruguay is for the period 1992-1996. A sectoral approach in the assessment of the situation of children resulted in a large number of projects with weak linkages that address needs related to survival and development. There has been no comprehensive analysis of the situation of children related to the country's development goals and, as a result, there are insufficient linkages between national priorities and the country programme. Thus, the projects that promote the introduction of non-conventional methodologies will be discontinued in the next programme of cooperation.

4. With respect to child protection, institutionalized children continue to be an important problem. UNICEF support concentrated on introducing innovative alternatives to institutionalization, but insufficient attention was paid to necessary policy and administrative changes in the key state institution, the National Institute for Children (Instituto Nacional del Menor (INAME)). In the future, UNICEF should employ a more holistic approach, incorporating the legal dimension, technical assistance and advocacy to address this situation.

5. The programme focused on health, child development and pre-school education and did not sufficiently address some aspects of the country's priorities and its sophisticated technical capacity. As a result, the technical level of UNICEF cooperation in these areas was not adequately considered. The mid-term review recommended that UNICEF cooperation concentrate on child protection, an area of special competence for UNICEF and the primary objective of the proposed programme.

6. UNICEF could be more productive by working not only with government organizations but also by increasing work with United Nations agencies, civil society, universities and academic institutions, parliamentarians and non-governmental organizations (NGOs).

7. The communication strategy was based on the result of a nationwide survey on the perception of children and of UNICEF in Uruguay. UNICEF was readily identified as an international aid organization, but was not perceived as being active in the country. UNICEF advocacy and communication have since become more prominent in the mass media and civil society, and the situation of Uruguayan children is more prominent in the media, e.g. threats and violations of child rights are seriously analysed. There is a strong basis for the programme to develop an effective social mobilization strategy and to help improve resource mobilization by Uruguayan organizations and fund-raising in general for UNICEF in Uruguay.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The new programme proposes a development strategy based on democratic consolidation, increased equality and social integration. There is an emphasis on the elimination of all forms of discrimination that limit the exercise of rights. This emphasis creates new perspectives for integrating children, adolescents and women into society. Other objectives are the modernization of the State, investment in people and strengthening the family.

9. The national strategy is in line with the commitments made by Uruguay at the World Summit for Children and by its ratification of the Convention on the Rights of the Child. The strategy offers an excellent programmatic framework to inform and sensitize Uruguayan society to the situation of children and their rights, and the extent to which child rights are reflected in legislation, public policies and social practices.

10. The objectives proposed for the programme of cooperation for 1997-2001 are (a) to increase knowledge and public awareness in Uruguayan society regarding the situation of children and their rights; (b) to support the country in the process of harmonizing national legislation concerning children, based on the Convention on the Rights of the Child; (c) to promote the deinstitutionalization of children and the protection of children and adolescents in conflict with the law and those whose rights are not observed; (d) to promote the participation of children and adolescents in the solution of their problems; and (e) to improve monitoring of the goals for the decade and the goals of the national programme of action (NPA).

11. An advocacy strategy will cover children, adolescents, families, government institutions and organizations in civil society to promote understanding of the Convention and the situation of children and their rights in Uruguay. Special emphasis will be placed on offering children opportunities to state their opinions regarding their situation and their participation in decision-making on issues affecting them. A capacity-building strategy will be applied in cooperation with the government institutions responsible for the protection of children, using technical assistance and training in the process of adapting legislation to the standards of the Convention. This increased advocacy will help to empower those groups to create a demand for realizing children's rights. A gender perspective will promote specific activities to empower girls and women.

12. The revision of the Child Code of 1934 is the initial step in adapting all national legislation concerning children to the Convention on the Rights of the Child. UNICEF will support this national legislative initiative by providing technical assistance to the Supreme Court of Justice, the Ministry of Public Education, magistrates and parliamentarians. The process of harmonization of national legislation with the Convention will be monitored. NGOs already working on human rights will be trained in the provisions of the Convention. Advocacy will help to sensitize all participating organizations to the situation of Uruguayan children, with special emphasis in those areas where children's rights are not observed.

13. UNICEF will support the national goal of increased social integration of disadvantaged groups through technical assistance for revising the norms and regulations of INAME regarding the institutionalization of children. This will include the development of mechanisms to prevent unfair internment of poor children in order to harmonize government social policies on the family with the institutional policies of INAME. A design for the deinstitutionalization of children will be pursued in close collaboration with local governments and NGOs. Alternative models to institutionalization will be formulated and implemented with NGOs, and these are expected to be supported through local fund-raising.

14. Knowledge about threats to and violations of child rights will be improved through studies and analyses of the protection needs of such groups as school drop-outs, working children and child victims of battering, drug abuse and sexual abuse. The opinions of children on their problems will be of great importance. Collaboration with other United Nations agencies will strengthen the analysis of and information about the situation of children and their rights. The resulting information will be used as educational and social mobilization tools.

15. UNICEF will support the revision of the NPA to include emerging problems affecting the rights of children. UNICEF also will continue to support monitoring of the achievement and sustainability of the decade and NPA goals, especially at the local level. Local fund-raising will be sought to finance activities related to the goals.

16. Advocacy, communication and social mobilization will support the achievement of the objectives related to legislation and rights. They also will promote the mobilization of human, technical and financial resources in favour of children. Through this approach, UNICEF cooperation will help to sensitize society, particularly the family, to the rights of the child. Local fund-raising will support initiatives to promote children's participation and also progressively generate supplementary funds for the country programme.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Legislation and rights	2 000	1 000	3 000
Studies and evaluations	500	500	1 000
Advocacy, communication and social mobilization	1 250	250	1 500
Total	3 750	1 750	5 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.28
28 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 7 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Malaysia

SUMMARY

The Executive Director presents the country programme strategy note for Malaysia for a programme of cooperation for the period 1997 to 2000.

Malaysia has maintained a high economic growth rate, averaging 8 per cent per year, and its social indicators for children and women indicate a strong performance. Malaysia has achieved all the mid-decade goals except those for iodine deficiency and mild malnutrition in certain areas. Acute respiratory infections remain a major cause of infant and child deaths. The extended family has largely become the nuclear family, with new patterns of child care, accompanied by such new problems as increased reporting of child abuse cases, juvenile delinquency and occasional substance abuse.

The proposed country programme will aim to support achievement of the goals for the year 2000, to facilitate the implementation and monitoring of the Convention on the Rights of the Child and to explore opportunities and mechanisms for Malaysia's contribution to the global development effort for children. The two main strategies are local capacity-building and advocacy and social mobilization. The former will focus on local capacity-building, particularly promoting family and community participation. Advocacy and social mobilization will include studies and exchanges of experiences focusing on children's concerns and partnership-building. The programme will contribute to the evolving UNICEF strategy on potential roles of newly industrializing countries for improving the well-being of children.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. As part of the East and South-eastern Asian economic miracle, Malaysia has consistently maintained a high rate of economic growth, averaging over 8 per cent per year. There has been strong public investment in energy, communications, transportation, human resources and social development projects. With a commitment to macroeconomic stability, Malaysia has maintained stable price levels, a relatively low inflation rate, a high rate of employment and has experienced a rising labour shortage. Per capita income is estimated at $3,200 per year, and the proportion of the population below the poverty line was reduced from 60 per cent in 1960 to less than 13.5 per cent in 1993.

2. Malaysia's achievements can be attributed to strong leadership and political will, focused on a balanced approach to economic growth and social development with a deliberate plan to reduce poverty. Malaysia has a well trained and educated civil service, committed at all levels to implementing and monitoring goal-oriented programmes. In addition, there is a well developed physical and institutional infrastructure, a strong private sector, motivated non-governmental organizations (NGOs) and academic communities, all of which contribute to economic and social development and to a caring society.

3. In 1992, the Cabinet approved a detailed National Plan of Action (NPA) for the Survival, Protection and Development of Children in the 1990s within the framework of Malaysia's Second Outline Perspective Plan (1991-2000). In February 1995, in a further reaffirmation of its commitment to children, Malaysia ratified the Convention on the Rights of the Child.

4. Malaysia has achieved and sustained most of the mid-decade goals, with the exception of those for iodine deficiency disorders (IDD) and malnutrition, which is prevalent in mild forms in a few population pockets. The country can achieve most of the goals of the World Summit for Children. Acute respiratory infections (ARI) remain a principal cause of infant and child deaths. By 1993, the proportion of the population with access to safe water and sanitary facilities had increased to 90 and 95 per cent, respectively.

5. In recent decades, Malaysia has made major investments in education and human resource development. Social indicators of the situation of children and women have reflected an equally strong performance. The infant mortality rate (IMR) was reduced from 73 per 1 000 live births in 1960 to 13 by 1993, and the under-five mortality rate (U5MR) declined from 105 to 17 per 1 000 live births during the same period. Adult literacy rates for men and women increased from 71 and 48 per cent in 1970 to 91 and 83 per cent, respectively, in 1993. The gender gap in gross primary school enrolment rates, reflected by 108 per cent enrolment for boys and 73 per cent for girls in 1960, disappeared with 99 per cent enrolment for both by 1992. The proportion of children reaching fifth grade is 98 per cent, with over 50 per cent of pre-school-aged children attending pre-primary school.

6. In the last few decades, there has been migration from rural to urban areas, and the extended family has tended to become the nuclear family. Concurrently, an increasing number of women have joined the labour force, resulting, in some cases, in shortage of parental time for child-rearing and care of young children. These emerging child-rearing issues are requiring joint

action by parents, schools and communities. There also has been increased reporting of child abuse cases, juvenile delinquency and occasional substance abuse.

7. In October 1995, the Ministry of National Unity and Social Development convened a "National Consultative Forum on Caring for Children of Malaysia - 2020". This forum provided an opportunity to exchange views and perspectives among representatives of concerned ministries, NGOs, the private sector, the academic community, the media and UNICEF on problems and priorities for children in Malaysia over the next 25 years. This exchange was a contribution to national planning for children, in the perspective of what Malaysia calls "Vision 2020", a time-frame for and set of goals and challenges by which the country is to measure its emergence as a fully matured industrialized economy and equitable, caring society.

LESSONS LEARNED FROM PAST COOPERATION

8. Given Malaysia's achievements and level of development, the contribution of UNICEF, in financial terms, has been modest. The programme of cooperation has focused on advocacy for the goals for the year 2000, the NPA and ratification of the Convention on the Rights of the Child. This demonstrated the need to adapt global goals to the framework of the Malaysian Constitution and culture. The Government's service delivery system has the capacity and has responded positively to the challenges of the World Summit goals for children. These goal-oriented programmes have focused on universal coverage, with particular attention to disadvantaged groups. The cooperation has supported studies of early childhood development and child abuse and a survey of IDD prevalence. UNICEF has supported training of child protection workers in dealing with child abuse and neglect, training of traditional birth attendants (TBAs) in Sabah and Sarawak, and two innovative approaches to lowering maternal mortality. These programmes demonstrated the Government's willingness to respond to the need for disparity reduction in the areas of child survival and development, and to address emerging protection issues.

9. The programme of cooperation has provided a new opportunity to place the Malaysian child and family at the centre of national efforts in the context of Vision 2020 by broadening the support networks of communities, NGOs, the private sector, the media and the academic community. This institutional networking in Malaysia is part of its development strategy and could further facilitate the implementation and monitoring of the Convention on the Rights of the Child.

10. As part of the evolving UNICEF partnership with middle-income countries, the programme of cooperation has recognized Malaysia's potential for contributing in creative ways to the survival, development and protection of children in other developing countries in Asia and other parts of the world.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The programme of cooperation for the period 1997-2000 will have three general objectives: (a) to support achievement of the goals for the year 2000; (b) to facilitate implementation and monitoring of the Convention on the Rights

of the Child; and (c) to explore opportunities and mechanisms for Malaysia's contribution to development efforts for children in other developing countries in Asia and other parts of the world.

12. The specific objectives of the programme are: (a) to support ARI prevention and health care for newborns as part of the strategy for reducing IMR and U5MR; (b) to continue to support the safe motherhood programme as part of reducing maternal mortality; (c) to support programmes to reduce micronutrient deficiency as part of reducing malnutrition; (d) to improve the quality of early child care and pre-school education; (e) to support community initiatives in early detection and prevention of child abuse and neglect and to strengthen parenting skills and knowledge of child care practices; (f) to encourage initiatives in supporting child and youth participation in activities and responsibility to the family, school and community; and (g) to support government efforts in networking with Malaysian organizations concerned with children's issues and to explore possible government efforts to establish and strengthen links with similar organizations in other Asian countries and elsewhere in the world.

13. The country programme strategy will include capacity-building, which will take into account the strength of the existing system of service delivery. A focus will be on local capacity-building, particularly promoting family and community participation. Examples include community case detection and management of ARI, training of TBAs and health workers for safe delivery and increasing mothers' awareness of prenatal care, particularly prevention of neonatal tetanus. A related focus will be on improving parenting skills and child care practices, early detection by parents, families and communities of child abuse cases, and community monitoring of the situation of children. Another dimension of capacity-building will support institutional linkages and coordination of various government departments and ministries in such areas as collection and analysis of data on children, and also assist coordination among various government and private sector agencies involved in day-care and pre-school education programmes, as well as training programmes for pre-school teachers and day-care workers.

14. Advocacy and social mobilization strategies will include support to studies on child development, protection, participation and responsibility, and critical analysis of successful initiatives and programmes in these areas in order to strengthen advocacy and raise awareness. This dimension will include exchanges of ideas, experiences and initiatives focusing on children's concerns and involving government agencies, religious leadership, the academic community, NGOs, training and research institutions, the media and the private sector to enhance their contribution to children. A new element will explore strategies and mechanisms for Malaysia's participation with newly industrializing and other countries in Asia in experience exchange, technical assistance, training, policy analysis and inter-country research on children's issues. This will be a major component of the proposed country programme in Malaysia and thus will contribute to the evolving UNICEF strategy for encouraging and increasing the role and contribution of newly industrializing countries in Asia and other regions of the world to improve the well-being of children. Dialogue with government partner agencies is expected to continue during the country programme planning process and is likely to continue during the programming period.

ESTIMATED PROGRAMME BUDGET

15. The estimated programme budget for general resources will be based on a continuing dialogue with the Government of Malaysia over the next few months. Possibilities and mechanisms for supplementary funding will be explored as part of the planning process.

Estimated programme cooperation, 1997-2000 a/
(In thousands of United States dollars)

General resources	Supplementary funds	Total
3 000	b/	3 000

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a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

b/ The amount of supplementary funding will be decided at a later stage after further discussion.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.29
6 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 7 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Mongolia

SUMMARY

The Executive Director presents the country programme strategy note for Mongolia for a programme of cooperation for the period 1997 to 2001.

Mongolia is undergoing a process of structural change following a rapid transition to a market-oriented economy. Services for children and women have been affected, and significant numbers of families have fallen below the poverty line. Child survival services have been maintained with support from donors, but maternal health has suffered. Primary education enrolment rates have declined, and there has been a rapid increase in the number of children in difficult circumstances.

The proposed country programme will continue to support national child survival and development programmes and will move towards achieving other goals of the World Summit for Children. Model-building, with local initiatives, and advocacy and training for nationwide coverage will work to reverse declining access to basic health services and primary education enrolment. Community-based action by and for women and children in especially difficult circumstances will target disabled and street children. Empowerment strategies will link female-headed households with resources, skills and services. A multi-donor poverty alleviation programme is expected to mobilize significant external resources, and the country programme will support capacity-building for district officials to formulate poverty alleviation projects as part of implementing local programmes of action for children.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Mongolia's 2.25 million people are involved in a structural transition to a decentralized market economy and society. Rural families, accounting for 45 per cent of the population, now care for themselves and their privatized herds. The former socialist system had developed widely accessible basic services, and alternatives to the central Government and commune roles in the delivery of social services are not yet fully developed.

2. In the larger sum (district) centres and cities there are no "safety nets", such as those based on nomadic traditions, to fall back on during restructuring. Some 55 per cent of the population live in urban areas, almost one half of them in Ulaanbaatar, the capital. Survival in the city is difficult. Over one quarter of Mongolian families live below the poverty line. Female-headed households have been especially affected by cutbacks in such services as day nurseries, kindergartens and "milk kitchens". Economic pressures have contributed to increases in divorce, alcoholism and violence, and there were 2,000 working children and 700 homeless children in Ulaanbaatar as of mid-1995.

3. There appear to be mixed trends in the transition to new systems for the delivery of social services. From 1991 to 1994, there was a 20 per cent decrease in the infant mortality rate (IMR) and the under-five mortality rate (U5MR) to 47 and 68 per 1,000 live births, respectively. Major declines in measles and diarrhoea-related deaths have been reported, and it is likely that such mid-decade goals as the eradication of polio and the elimination of neonatal tetanus will be achieved. Acute respiratory infections (ARI) contribute to over one half of deaths of children under five years of age. Both infant deaths from perinatal causes (12 per 1,000 live births) and the maternal mortality rate (MMR)(212 per 100,000 live births) have increased. Valid data on child nutrition are scarce, but surveys show that iodine deficiency is a major problem in most of the country. The 1990 primary school completion rate of 85 per cent decreased to 60 per cent by 1993, as many boys from nomadic families were withdrawn to help with herds. UNICEF cooperation will focus on improving the sustainability of child survival and development services and on supporting a child rights approach that focuses on disparity reduction.

LESSONS LEARNED FROM PAST COOPERATION

4. Since 1991, the main objective of UNICEF cooperation in Mongolia has been to minimize the impact of deteriorating social service delivery on children. Strengthening health services for child survival had a direct positive impact on IMR and U5MR, but maternal and child health and other indicators have deteriorated. Advocacy activities helped to establish a broad social and political consensus that children must be protected, as well as to development a national programme of action (NPA) for children and corresponding local plans. However, there is a lack of implementation capacity, particularly at the subnational level, to translate this consensus into practical and sustainable action. Such policy changes as decentralization of responsibilities, declining resource transfers from central to local levels and the introduction of user fees have increased disparities between aimags (provinces) and have limited Government capacity to innovate and implement.

5. A small portion of the extensive foreign assistance received by Mongolia has gone into the priority social sectors. A multi-donor poverty alleviation programme (PAP) developed during 1994-1995 under the leadership of the United Nations Development Programme is expected to provide a framework to coordinate decentralized initiatives for poverty alleviation and social services. This may

become the framework for a United Nations country strategy and for mobilizing more donor resources. The PAP creates opportunities for linkages with the process of decentralizing the NPA that is already under way.

6. While there is a national commitment to respect child rights, concrete action will be needed if all children are to realize their rights and disparities are to be redressed. Creativity will be required to design practical and replicable initiatives for the empowerment of urban, female-headed households. The programme of cooperation would be enhanced by the strengthening of partnerships that could tap such creativity in non-governmental organizations. The broader impact of the proposed cooperation will depend on interlinkages between the PAP, the NPA and local plans of action.

PROPOSED COUNTRY PROGRAMME STRATEGY

7. The country programme will help to sustain and expand Mongolia's achievements within the NPA, in keeping with the goals of the World Summit for Children, and strengthen local capacities to ensure sustainability. Its objectives are to:

(a) Sustain immunization coverage rates of about 90 per cent, reduce by one third from the 1994 level mortality related to diarrhoea and lower mortality due to ARI in children under five years of age;

(b) Reduce MMR by at least 50 per cent from 1993-1994 levels, to less than 110 per 100,000 live births, and reduce perinatal mortality by one quarter from 1994 levels;

(c) Achieve universal and sustainable iodization of alimentary salt;

(d) A achieve an 80 per cent rate of exclusive breast-feeding and timely introduction of complementary foods;

(e) In two selected aimags with high U5MR, develop models for strengthening the structure and financing of sum health services and information systems for women and children;

(f) In the sums of two selected aimags where school enrolment and completion rates have declined to below 75 per cent, build replicable models for decentralized universal primary education initiatives to raise these rates above 90 per cent;

(g) In five neighbourhoods of Ulaanbaatar where the number of street children is increasing, develop models for community-based support systems that will enable female-headed households to gain access to self-help skills and resources in order to improve their livelihood;

(h) In two aimags with fewer achievements as compared to national goals for children, to develop models for sum plans of action for children and women within the PAP framework;

(i) To strengthen capacities of all aimags and sums in planning and implementing local plans of action for children;

(j) To establish aimag and sum councils for local monitoring of World Summit for Children goals, child rights and the situation of children and women.

8. The strategy mix will respond to the challenges posed by the transition to maintain social service safety nets for children, while strengthening policies and reinvigorating systems. National efforts will focus on key NPA goals, advocacy and social mobilization for the NPA and the Convention on the Rights of the Child, and strengthening capacities for advocacy and communication for and by children and women. Innovative approaches to community social mobilization and family education will be developed, especially to reach poorer families.

9. All programmes will focus on building models for decentralized services and on strengthening local management capacities to realize the benefits of decentralization. Local projects in several aimags and sums will serve as models for government replication nationwide, or in selected areas to reduce disparities, by mobilizing resources using the PAP framework. Aimags selected for developing models will be involved in multisectoral initiatives to promote a more holistic approach. Monitoring of the situation of children and women will be strengthened to address disparities which threaten child rights and opportunities and linked to activities for identifying the root causes of problems and sharing of experiences.

10. Sectoral programmes and projects will be developed in five areas:

(a) A health programme will encompass immunization and the control of ARI and diarrhoea nationwide; safe motherhood and perinatal care, including a national training initiative, aimag-based service innovations and advocacy for nationwide coverage; and experiments in selected aimags to implement Bamako Initiative approaches;

(b) A nutrition programme will include national initiatives to control iodine deficiency disorders and other micronutrient deficiencies and to promote appropriate breast-feeding and complementary feeding practices. Behavioural change and household food security for nutrition improvement will be addressed within the education, child and family welfare and "children first" programmes, linked to disparity reduction initiatives;

(c) An education programme will include national in-service training for teachers of basic education, strengthening of national and local capacities for monitoring and evaluation related to basic education coverage and student performance, and expansion of local non-formal education initiatives for nomadic children and school drop-outs;

(d) A child and family welfare programme will focus on children in especially difficult circumstances, including local initiatives for community-based rehabilitation of children with disabilities and preventive and supportive models of action for street children. National follow-up to the Fourth World Conference on Women should further focus attention on mitigating the effects of the socio-economic transition on the situation of women. This programme will explore how to address such issues as the impoverishment of women and family violence. The focus will be on community-based action and empowerment of female-headed households to improve family access to essential resources, skills and services;

(e) A "children first" programme will mobilize civil society and community leadership for aimag and sum plans of action; nurture demonstration projects using intersectoral approaches developed around the needs of the children and mothers; build local capacities to formulate project proposals to replicate successes; and monitor the situation of children.

11. With the broad policy framework for children now largely in place in Mongolia, the programming process in the coming months will develop more detailed programme and project proposals for implementing these policies, given the focus on decentralization and severe resource constraints.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	1 125	2 600	3 725
Nutrition	450	1 750	2 200
Education	900	675	1 575
Child/family welfare	525	875	1 400
"Children first"	750	850	1 600
Total	3 750	6 750	10 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.30
6 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 7 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Pacific island countries

SUMMARY

The Executive Director presents the programme strategy note for the Pacific island countries for a programme of cooperation for the period 1997 to 2001.

The programme of cooperation includes the already established or evolving National Coordination Committees for Children in 13 Pacific countries, which are developing and implementing national programmes of action (NPAs) for children. UNICEF cooperation increasingly is responding to country-specific situations and highlighting the need for disaggregated data and improved monitoring systems in the region.

The cooperation will have two general objectives: (a) to continue to facilitate the development, implementation and monitoring of NPAs and the Convention on the Rights of the Child; and (b) to sustain achievement of national goals through promotion of the Convention. Four programme components - social mobilization, health and nutrition, education and monitoring will provide the framework of the cooperation. Appropriate mixes of the components will be developed to help each country support its priority goals. It is essential that there be increased sustainability of many current activities if achievements in child survival are to be maintained. Social mobilization will extend beyond the "young child" and address youth and women's issues. Greater coordination with non-governmental organizations, regional organizations and institutions and United Nations agencies, particularly in assisting countries with child monitoring, will be key to ensuring the complementarity of UNICEF cooperation with that of other donor partners in the region.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. The Pacific island countries consist of 21 sovereign, highly diverse States and dependent Territories, and UNICEF has programmes of cooperation with 13 of these countries. Basic indicators of children's well-being differ across the region. Infant mortality rates range from 12 per 1,000 live births in Niue to 65 in Kiribati. Under-five mortality rates (U5MRs) range from 12 per 1,000 live in Niue to 92 in Kiribati. School enrolment rates range from 56 per cent in the Solomon Islands to between 90 and 100 per cent in most other countries. Some data are not available and other are not disaggregated. Analysis of trends is difficult because child survival indicators are improving in some countries. In Fiji, U5MR dropped from 33 per 1,000 live births in 1986 to 28 in 1993. However, natural disasters, weak economies and significant reliance on external aid present challenges to sustaining progress.

2. Many Pacific island countries are experiencing socio-cultural transformations, and the introduction of cash economies has caused some strains on families and island communities. Combined with urbanization, there are emerging social and economic inequities, including urban and peri-urban poverty. The quality of education is inadequate. Early childhood care and education are needed to help prepare children for the difficult transition to primary school. High school drop-out rates and high levels of juvenile crime, alcohol and drug abuse, teenage pregnancies, sexually transmitted diseases (STDs) (including hepatitis B) and youth suicide all signal low self-esteem and alienation among many young people.

3. Immunization is almost universal, but there are remaining pockets of poor coverage, vitamin A deficiency and iodine deficiency disorders. In the Marshall Islands, Kiribati and the Federated States of Micronesia, for example, severe vitamin A deficiency affected, respectively, up to 8, 14 and 20 per cent of young children. Polio has almost been eradicated from the Pacific, but measles outbreaks are common.

4. Diarrhoea and acute respiratory infections (ARI) also kill many children. The use of oral rehydration therapy is encouraged, but the level of use is unknown. There has been a decline in breast-feeding in urban areas. Maternal mortality is high in some countries because of inadequate child spacing, anaemia, lack of access to safe delivery facilities and malaria. There is a lack of sanitation facilities and access to safe water. UNICEF cooperation will focus on selected high-priority problems of survival, development and protection in each country.

LESSONS LEARNED FROM PAST COOPERATION

5. The Pacific island cooperation includes 13 established or evolving National Coordination Committees for Children (NCCCs), which are developing and implementing national programmes of action (NPAs) for children and working towards ratification, implementation and reporting on the Convention on the Rights of the Child. NPAs are based largely on the goals of the World Summit for Children, which were endorsed by the South Pacific Forum and South Pacific Commission along with additional regional goals, including the control of vector-borne diseases, life skills education, the prevention of HIV/AIDS and STDs and support for the role of family. Each country focuses on the goals most relevant to its own situation. Because UNICEF cooperation is responding

increasingly to country-specific goals, improved child monitoring will be required.

6. Recommendations of mid-term reviews and strategy meetings focused on the need to continue the current framework of activities in the areas of child health, nutrition, education and social mobilization. The reviews indicated the need for the programme to address such new challenges as women's health, community empowerment and the needs of youth, including reproductive health and youth participation. The cooperation has focused successfully on social mobilization and capacity-building through training and building of effective partnerships at country and regional levels. The supply component should continue to decrease.

7. Priorities for improvement include stronger initiatives to translate government policies into increased resource allocations to social sector programmes and implementation of programmes to achieve stated goals. All of the independent countries have signed or ratified the Convention on the Rights of the Child. It is clearly recognized, however, that all partners need to focus more deliberately on improving weak monitoring systems as part of implementing and monitoring the Convention. UNICEF advocacy related to the Convention has introduced such new elements as child abuse, juvenile justice and other issues facing youth.

8. Building on partnerships with other United Nations agencies, regional and national non-governmental organizations (NGOs) and regional organizations and institutions will be key to refining the future role of UNICEF cooperation. Programmes should complement those of other donors and mobilize more government and community partners.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. All countries have identified the Convention on the Rights of the Child as the framework for planning their programme activities. The cooperation will build increasingly on regional initiatives to address the goals of the World Summit for Children and concerns raised by the Convention in an integrated way.

10. The cooperation will have two general objectives: (a) to continue to facilitate the development, implementation and monitoring of national programmes for children and families, leading towards realization of the rights of children; and (b) to sustain national achievements through promotion of the Convention on the Rights of the Child. The specific objectives are to:

(a) Identify and advocate actions on priority issues affecting children's well-being at all levels of society, based on more reliable data and analysis;

(b) Strengthen with Governments, NGOs, communities and families the monitoring of indicators related to the survival, development and protection of their children;

(c) Establish and strengthen decentralization of island-level programmes and community-based participation to plan and manage child-focused development activities, including the participation of children;

(d) Support the development of innovative approaches to child and youth survival, development, protection and participation;

(e) Sustain and increase collaboration with and strengthen partnerships among United Nations agencies, regional organizations and institutions and NGOs working on high-priority children's issues.

11. Building more sustainability into current child survival activities will be essential to protect achievements. The role of NCCCs, as well as social mobilization, will be vital as Governments increasingly assume responsibility for providing resources to sustain and build on these achievements. Thus, a key strategy will be to improve planning and the deployment of resources. The programme in each country will be based on support for one or two crucial and relevant goals for that country.

12. Where most goals have been achieved, for example, in the Cook Islands, Niue, Palau, Tokelau and Tonga, UNICEF cooperation will focus on child advocacy programmes and assist NCCCs in child monitoring and the preparation and implementation of NPAs. In such countries as Western Samoa, Tuvalu and Fiji, even with overall progress towards the goals, some priorities need continued support, e.g. nutrition. Five priority countries require continued support for child survival issues, i.e., control of diarrhoeal disease (CDD) and ARI, malaria (Solomon Islands and Vanuatu) and reduction of malnutrition, including vitamin A deficiency (Kiribati, Federated States of Micronesia and Marshall Islands). Education and water supply and sanitation are also important in many of these countries.

13. There will be four programme components. In social mobilization, the objectives will be to (a) continue to advocate the implementation and monitoring of the Convention on the Rights of the Child; (b) support research, advocacy, information and community mobilization efforts for youth participation; (c) assist in reducing school drop-outs, STDs, teenage pregnancies and substance abuse; and (d) gather baseline data to identify measurable objectives. More attention will be paid to legal frameworks for children through analysis and advocacy with legislators, lawyers and law enforcement agencies. Social mobilization will extend beyond "the young child" and address broader youth issues. UNICEF will collaborate with the United Nations Population Fund (UNFPA), as follow-up to the International Conference on Population and Development, to promote the dissemination of information on reproductive health.

14. The objectives for health and nutrition will be to continue to assist countries to achieve and sustain the goals of the World Summit for Children and regional goals. In the areas of immunization, ARI, CDD, breast-feeding, nutrition, water supply and environmental sanitation and, where applicable, malaria control, the key strategies to support service delivery will be community education, school health education and social mobilization. Capacity-building will include training as well as some supply assistance. A focus on women's reproductive health will be introduced. The empowerment of women and communities will be facilitated so they can take more responsibility for their own health care and needs. The strengthening of partnerships with NGOs and other agencies, e.g. UNFPA and the World Health Organization (WHO), will be crucial.

15. The objective of the education component will be to strengthen the preparation of children to participate in primary education. The cooperation will continue to support the growth of the preschool education movement through the establishment of regional and national formal and non-formal training programmes. The current cooperation in early childhood care and education and basic education will continue, building on the components for community participation and literacy. Continued collaboration with other agencies,

including the United Nations Educational, Scientific and Cultural Organization and the University of the South Pacific should strengthen the quality of basic education.

16. UNICEF will support NCCCs in following children's issues related to the Convention on the Rights of the Child and the goals of the World Summit for Children. A principal theme for advocacy will be greater cooperation among agencies and improved quality of monitoring, e.g. disaggregation of data by age and gender, to enable partner agencies to better target programmes to vulnerable groups. UNICEF will collaborate with such regional partners as the South Pacific Commission, the University of the South Pacific, NGOs and other United Nations agencies, especially UNFPA, WHO and the United Nations Development Programme, to support Governments in strengthening national and regional monitoring.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Pacific island cooperation	7 000	14 000	21 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.31
8 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 7 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Bhutan

SUMMARY

The Executive Director presents the country programme strategy note for Bhutan for a programme of cooperation for the period 1996 to 2001.

The country programme strategy builds on the recent gains made in child survival and development in Bhutan. Having achieved the majority of the mid-decade goals, the programme will support the Government to achieve the national plan of action goals for children within the framework of the Eighth National Development Plan. The overarching national goal for the plan period is to improve the quality of life of the population through sustainable economic and social development. In support of that goal, the Government has identified four cross-cutting strategies: capacity-building; decentralization; cost-effectiveness; and community participation. In support of this approach, the country programme will have three main thrusts: (a) to enhance decentralization by according high priority to district- and community-level planning and implementation of services for children and support capacity-building at district and community levels; (b) to promote the use of appropriate knowledge and information to stimulate informed participation and decision-making of communities; and (c) to support improved gender-sensitive planning and monitoring of gender-sensitive indicators.

The country programme will comprise five interrelated programmes: health and nutrition; basic education; water supply and sanitation; advocacy and social mobilization; and monitoring and evaluation.

* E/ICEF/1992/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

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THE SITUATION OF CHILDREN AND WOMEN

1. The delivery of basic social services and mechanisms for local governance are particularly challenging in Bhutan given the dispersed population, mountainous terrain and limited infrastructure. Despite those constraints, sustainable human development is a national priority. The Government allocates more than 20 per cent of its annual budget for the social sector.

2. Bhutanese culture accords high value to children and women and protects their basic interests within society. National policies and strategies for children reinforce these traditional values. The Convention on the Rights of the Child and the World Summit for Children Declaration were ratified by the Government in 1990. A national programme of action (NPA) for Children was prepared and incorporated into the Seventh National Development Plan (1992-1997). As part of this strategy, major progress has been achieved in child survival and development.

3. The 1994 national health survey recorded reductions in infant and under-five mortality rates from 103 and 158 per 1,000 live births, respectively, in 1984, to 70 and 96 in 1994. The maternal mortality rate (MMR) was assessed at 380 per 100,000 live births in 1994 compared to 770 in 1984. These decreases in mortality reflect major gains in the situation of children and women and progress towards the NPA goals.

4. Bhutan has sustained immunization coverage at over 80 per cent for all antigens. The organization of national immunization days during 1995 has further strengthened prospects for the eradication of polio, the elimination of neonatal tetanus and the control of measles.

5. While not perceived as a major problem, the current level of protein-energy malnutrition among children has not been determined. However, the 1988 national nutrition survey estimated undernutrition among the under-five child population at 38 per cent. Major successes have been accomplished in controlling micronutrient deficiencies: iodine deficiency disorders (IDD) have almost been eliminated through the commercial distribution of iodized salt; and vitamin A deficiency is being controlled effectively through the distribution of high-potency capsules to infants, young children and lactating mothers. It is estimated that there is a high prevalence of anaemia, particularly among pregnant women.

6. Notable progress has been made in providing clean drinking water to the population. Almost 58 per cent of the population now have piped water schemes and 70 per cent have some form of household latrine. Despite those gains, diarrhoeal, worm, skin and eye infections account for nearly 60 per cent of rural child morbidity.

7. Innovative approaches have been adopted successfully to increase the access of children to primary education. Boys and girls in remote mountain valleys now have the opportunity to attend community schools. Although the gross enrolment rate is estimated at 72 per cent, the goal of achieving universal access to primary education in a sustainable way remains a major challenge. Repetition and drop-out rates are decreasing, but are still at a high level.

8. Having achieved the majority of the mid-decade goals for children, the basic social issue to be addressed during the next plan period is to sustain these gains through decentralized approaches founded on community participation and empowerment.

LESSONS LEARNED FROM PAST COOPERATION

9. The establishment of a network of community-based outreach clinics in recent years has strengthened the health system and facilitated the delivery of essential maternal and child health services in remote areas. The sustainability of high immunization coverage is linked directly to the expansion of such outreach facilities. Similarly, the construction of community schools by villagers has increased access to education for thousands of young children in remote hamlets. These low-cost, community-based approaches also have empowered communities with the knowledge and awareness to manage and maintain development inputs, thus ensuring sustainability.

10. Social mobilization and communication have been key inputs for sustaining programme activities. Radio has reached Bhutan's dispersed population with child-care messages. Also, involving Buddhist monks as promoters of health and hygiene has increased community awareness. The adoption of standard messages based on Facts for Life has allowed a more focused approach to health education.

11. In the water supply and sanitation sector, there is a need for a balanced programme approach, encompassing further improvements in domestic water supply with better home and personal hygiene. To sustain the costly piped water schemes for their 20-year design period, community-based management and maintenance should be actively pursued.

12. Programme reviews, undertaken jointly by the Government and UNICEF on a quarterly basis throughout the programme cycle, have enhanced collaboration and improved programme management. Frequent exchanges of information on programme planning, monitoring and implementation have helped to build national capacity. Programme management would be improved further by the development of national and subnational social indicator monitoring systems.

PROPOSED COUNTRY PROGRAMME STRATEGY

13. The Government's Eighth National Development Plan (1997-2002) provides the framework for the proposed country programme. Accordingly, the programme cycles of UNICEF and other United Nations agencies have been harmonized with the plan. Similarly, strategies and approaches adopted at recent United Nations conferences pertaining to social development, population and development, and women will be reflected in the Eighth Development Plan. Self-reliance and sustainability are two guiding principles of national development in Bhutan. To achieve those principles, the Government has identified capacity-building, decentralization, cost-effectiveness and community participation as key national development strategies.

14. UNICEF cooperation will be shaped by those cross-cutting strategies and three major thrusts: (a) to enhance decentralization by according high priority to district- and community-level planning and implementation of services for children and supporting capacity-building at district and community levels; (b) to promote the use of appropriate knowledge and information to stimulate informed participation and decision-making of communities; and (c) to support improved gender-sensitive planning and monitoring of gender-sensitive indicators.

15. The overarching national goal for the plan period (1997-2001) is to improve the quality of life for the population through sustainable economic and social development. One manifestation of this goal would be the reduction of the infant mortality rate to below 50 per 1,000 live births, the under-five mortality rate to below 70 per 1,000 live births and MMR to below 270 per 100,000 live births by the year 2000.

16. The country programme objectives will be (a) to expand and strengthen primary health care (PHC) through district-level approaches to ensure universal access of children and women to essential health services; (b) to sustain universal child immunization coverage at 90 per cent, eradicate polio, eliminate neonatal tetanus and halve the 1990 levels of measles morbidity by year 2000; (c) to strengthen maternal health services at district and community levels to ensure that 30 per cent of all deliveries are assisted by trained attendants; (d) to reduce the prevalence of protein-energy malnutrition to below 20 per cent by the year 2000, eliminate IDD and vitamin A deficiency, and reduce levels of anaemia in women and children; (e) to improve household hygiene, increase rural piped water supply coverage from 60 to 80 per cent and expand household latrine coverage from 75 to 100 per cent; (f) to increase access to quality basic education to achieve a gross enrolment rate of at least 90 per cent of school-aged children by 2001; and (g) to enhance capacity at district and central levels to develop monitoring systems to measure social progress.

17. Enhancing the effectiveness of PHC in rural areas will be a key health strategy. Improving management and capacity-building at the district level would increase the overall effectiveness and impact of essential health services. For example, more appropriate training of health personnel and village health workers will support this approach. UNICEF will collaborate with the Danish International Development Agency and the World Health Organization in the development of health services.

18. Health service delivery interventions will focus on the main causes of under-five mortality and morbidity - diarrhoea, acute respiratory infections, parasitic infestations and malnutrition - through preventative measures and improved case management. Immunization coverage will be sustained through a dual strategy of routine immunization and national immunization days.

19. Integrating safe motherhood approaches into all levels of the health delivery system will be a key strategy to improve maternal health care. While the United Nations Population Fund will support improved obstetric care and family planning services in hospitals and basic health units, UNICEF will support safe motherhood approaches as a component of PHC.

20. Nutrition will be given a higher priority in the programme strategy. Improved analysis of the basic and underlying causes of malnutrition at household and community levels, particularly in food insecure areas, will support the development of more appropriate interventions. The strategy will incorporate measures to promote and protect breast-feeding and appropriate complementary feeding practices, reinforce child care and improve growth monitoring and promotion in health facilities. Micronutrient deficiencies will be controlled through vitamin and mineral supplementation and the promotion of improvements in dietary intake.

21. In water supply and sanitation, the gradual shift in programme emphasis from service delivery towards the promotion of sanitation and community capacity-building will be further accelerated to attain a more holistic approach to improve household hygiene. The programme will promote hygiene, through social mobilization, education and motivation, primarily towards increasing sanitary latrine use and improving hand washing, bathing and laundering practices. Community organization and skills, including management of the local water environment, will be strengthened.

22. The programme will further improve access to safe water for domestic use through the construction of gravity-flow systems. Support from the private sector will be sought for the marketing of materials for water supply, smokeless stoves and household latrines. Sector management will be strengthened by developing district-level staff capacity and establishing monitoring systems to measure sector impact.

23. In basic education, emphasis will be given to increasing access to and improving the quality of primary schooling, particularly for disadvantaged groups such as girls and children in remote isolated villages. Non-formal education will be strengthened to meet the needs of out-of-school girls and women. Capacity-building for primary education will continue to be a key strategy supporting innovative approaches such as multi-grade teaching, child-centred learning approaches, distance learning and inclusive education for children with disabilities. The quality of primary education will be improved through upgrading teacher training and supervision, and reinforcing the relevance of the primary curriculum.

24. Social mobilization, advocacy and communication will provide cross-cutting support to the above sectoral programmes by advocating for the basic needs and rights of children. Information and training will enable government officials to deal more effectively with child rights' issues. The dissemination of information from Facts for Life will reach the public through influential groups such as schoolteachers, monks, traditional healers, community leaders and extension workers. Training also will cover media staff in social communication, communication skills of health workers, teachers and community workers to motivate communities to promote health. Leadership organizations such as womens' associations, youth groups and schools should undertake awareness campaigns.

25. Programme management will be strengthened by improving the institutional capacity of sectoral ministries to more effectively monitor and evaluate social development at central and district levels. Operational research will be undertaken to improve service access and cost-effectiveness. Staff will be trained in evaluation methodologies, data analysis and interpretation.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	1 500	2 350	3 850
Basic education	1 250	2 250	3 500
Water supply and sanitation	1 200	3 100	4 300
Advocacy and social mobilization	750	1 200	1 950
Monitoring and evaluation	300	200	500
Total	5 000	9 100	14 100

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.32
22 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 7 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Nepal

SUMMARY

The Executive Director presents the country programme strategy note for Nepal for a programme of cooperation for the period 1997 to 2001.

In order to achieve the mid-decade and decade goals, Nepal will require efforts far beyond those currently undertaken. This will require both enhanced financial resources and increased manpower deployment. One mid-decade goal has been reached: ratification of the Convention on the Rights of the Child. The mid-decade goal on access to potable water also may be achieved. Primary enrolment has been level at 60 per cent. However, Nepal has managed to halve infant and under-five mortality rates for the last few years. All of the interventions related to the decade goals also should address the gender disparity that exists.

The proposed country programme strategy will assist the Government in attaining national goals in response to the World Summit For Children Declaration, the national programme of action and the Convention on the Rights of the Child. Protection goals have now been incorporated in the proposed country programme, which will stress various mixes of three major strategies: (a) service delivery; (b) advocacy; and (c) capacity-building. These strategies will be pursued, together with monitoring and evaluation, in ways that should lead to empowerment of the most marginalized. The programme also will address, within the frameworks of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, the strategic issues of gender disparity reduction, decentralization and resource reallocation, and a focus on children under five years of age.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Nepal has managed to halve the infant mortality rate (IMR) and the under-five mortality rate (U5MR) during the last 10 years down to 98 and 128 per 1,000 live births, respectively. However, both rates remain unacceptably high, with a majority of child deaths caused by diarrhoeal diseases, acute respiratory infections (ARI) or vaccine-preventable diseases. Nepal is also one of the few countries in the world where the female life expectancy of 52 years is shorter than that of the male, which is 56 years. The country's maternal mortality rate (MMR) is also among the highest in the world at 850 per 100,000 live births. While some progress has been made in increasing access to potable water, over 53 per cent of the population still lack access given the hilly and mountainous terrain. Only 21 per cent of the population know about the importance of sanitation and hygiene. Literacy rates have doubled in the last decade, but still only one woman in five can read and write. Child labour is a growing problem.

2. Poverty pervades the country in which subsistence farming is the mainstay. An estimated 65 per cent of Nepal's children under three years old suffer some degree of malnutrition. Vitamin A deficiency is common and iodine deficiency disorders are prevalent.

3. Gender inequality is pervasive, undermining the pace of social and economic development. The low status of the girl child and her lack of access to resources in the patriarchal society are a far cry from that of her brothers. She usually works harder and longer hours, providing child care as well as domestic and agricultural labour which keeps her out of school, thus limiting her personal, intellectual and social potential. She receives less in terms of health care and food. The low social value accorded girls is a basic cause of the rising problem of trafficking in girls.

4. Public awareness of the Convention on the Rights of the Child and, increasingly, of the Convention on the Elimination of All Forms of Discrimination Against Women, both ratified by Nepal, continues to grow.

LESSONS LEARNED FROM PAST COOPERATION

5. Lessons learned include the need to build (a) upon the increasing public awareness of the two Conventions; (b) strengthen decentralization through the transfer of human and financial resources; (c) improve the identification of beneficiaries to avoid diminishing project impact on the most marginalized; (d) improve the quality, motivation, training and management of government and non-governmental organization (NGO) staff; (e) programme for empowerment and social mobilization; and (f) incorporate gender and child development perspectives, with a focus on the child under five years old, into planning and implementation to generate a breakthrough in child survival. These lessons required UNICEF to clarify its role at national and decentralized levels and to develop a national advocacy and communication strategy. The impact of limited UNICEF resources can be increased significantly by fostering increased multisectoral, multi-agency and NGO collaboration, and by the development of an overall advocacy and communications strategy.

6. While low levels of supplementary funding affected some projects, the greater problem was the inadequate management of funds. The lengthy process of fund transfers caused numerous delays in training, supply procurement and deliveries. Thus, the improvement of accountability will be a benchmark for future cooperation.

7. Improvements in the monitoring and evaluation of programme implementation among United Nations agencies, other donors and NGOs are vital and will play a much greater role in the proposed country programme. The lack of adequate monitoring and evaluation resulted in the late identification of problems and inaccurate baseline data. A good start has been made with the first major results from the Nepal multiple indicator survey, which provides very useful information for planning by all partners. The development of a United Nations country strategy note, most likely in 1996, may also advance the information dialogue among partners.

8. In order to avoid the proliferation or fragmentation of projects, a clearer distinction between activities and projects will be made in the proposed country programme. This will prevent limited resources from being spread too thinly. A major sharpening of overall programme focus has resulted from the realization of the overarching impact of virtually every aspect of child and maternal survival and development on nutrition. Thus, multisectoral action to improve nutrition will be linked not only to health, but to sanitation, education, advocacy and communications as well. Likewise, a growing recognition of the impact of sanitation on health has resulted in sanitation taking a lead role in the water supply and sanitation sector. The sanitation programme will become more focused on community participation where UNICEF strengths in mobilization can be better utilized. The water supply programme may be able to encourage complementary efforts from international financial institutions such as the World Bank or the Asian Development Bank.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The 19 national goals and objectives for children are based on the goals of the World Summit for Children Declaration and the Nepal Ten-Year Programme of Action for Children and Development in the 1990s, as well as on the Convention on the Rights of the Child. The Government/UNICEF programme objectives will assist in attaining and sustaining the national goals of reducing IMR, U5MR and MMR to 50 and 70 per 1,000 live births and 400 per 100,000 live births, respectively. In the context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, UNICEF will support the development of an integrated, multisectoral approach to the overarching issues of protein-energy malnutrition and gender inequality.

10. The country programme will stress three major strategies, including the appropriate mix for each programme component: service delivery; advocacy; and capacity-building. The programme partners will develop activities, including monitoring and evaluation, in the context of these three strategies which will be pursued in a manner that will help to empower the most marginalized groups and necessitate the identification of empowerment indicators for all programme components. The programme also will seek to widen the participation of women and children in the planning and delivery of services. In order to maximize the impact of the limited resources available, the programme will focus on the child under five years old and encourage other funding sources to make appropriate investments in the priority social sectors.

11. In a phased manner, other donors and local resources will be sought to replace UNICEF support for activities, such as vaccine procurement, as the cooperation focuses more on the new strategy mix. Hence, the programme also will continue to advocate in favour of the rational and cost-effective allocation of resources by the central Government whereby higher priority and budgets, for example, are given to primary schools and health posts/centres. In addition, the programme will explore ways to encourage more private sector participation.

12. Using the whole child approach, children under five years old will be of particular concern since programme interventions are likely to have the greatest impact on this age-group. Child-to-child activities will be included. In this regard, the focus of communication on the young child will help to create a culture of media for and about the child.

13. To help attain the eradication of polio, the elimination of neonatal tetanus, reductions in measles morbidity and mortality, and an overall reduction in vaccine-preventable diseases, the programme will concentrate on staff development (management and skills training) and improved monitoring leading to corrective actions. To reduce diarrhoea-related deaths, the programme will assist in increasing home case management and the use of oral rehydration therapy primarily through the training of all partners. To reduce ARI-related deaths, the programme will assist in training health workers and mothers in correct case detection and appropriate antibiotic treatment. To reduce MMR, the strategy will be to ensure that all pregnant women have access to and use trained birth attendants. The capacity of female community health volunteers and traditional birth attendants will be improved through training and the provision of safe home delivery kits. Various complementary inputs will be supported by other donors.

14. To assist in the reduction of micronutrient deficiencies, the programme will focus on food fortification with vitamin A, iodine and iron, as well as on increasing people's demand for iodized salt. This is a major advocacy and policy objective. The strategies will include phasing out the distribution of vitamin A capsules and exploring the alternative of sugar fortification, advocating the passage of universal salt iodization legislation, providing iron/folate tablets to pregnant women in target districts and raising awareness on the importance of iron supplementation during pregnancy. To assist in the reduction of protein-energy malnutrition, UNICEF will strongly promote proper feeding and care practices and community-based child growth promotion through links with the sanitation and education sectors. Major efforts will incorporate nutrition-related issues into other initiatives, particularly education, women's credit schemes and sanitation.

15. To help reach the national education goals, the programme will target children under the age of five years through improved teacher and parent/caregiver training and radio-based education. The in-service training of teachers for the first three classes will empower them with skills to enhance the quality of education. These actions should lead to increased access of the girl child to education to reduce gender inequality.

16. To assist in reaching national water supply and sanitation goals, the programme will focus on sanitation, with more activities and greater intersectoral collaboration to change knowledge, attitudes and practices in order to have a real impact on the health and nutrition of the young child. Activities to prevent environmental degradation also will be key. In the area of water supply, the programme will assist in expanding access by concentrating on training as well as assisting the Government to become national managers rather than implementors, allowing those with greater comparative advantage, such as NGOs, to assume responsibility for implementation.

17. Over the last three years, issues of child protection, such as child labour and girl trafficking, have become increasingly important. The programme will help to identify the most serious abuses, analyse the causes and support training and advocacy for prevention and the rehabilitation of affected children. UNICEF will support a situation analysis and cooperate with all partners in the development of legal and policy instruments related to the elimination of these abuses.

18. To address gender inequality, the cooperation will provide selective support to credit programmes such as Production Credit for Rural Women and the Small Farmers Development Programme, which will be expanded in concept to include nutrition, health and education for empowerment, thereby creating more comprehensive solutions. Support will include credit along with the training of women in awareness, management and accounting. Established credit networks will be mobilized to support these activities. In addition to the direct targeting of women with these interventions, the programme will employ gender-sensitive approaches in all other components.

19. UNICEF will continue to build strategic partnerships to protect children and promote their rights. To build greater multisectoral and multi-partner and donor collaboration and coordination, the proposed implementation framework will be based on four themes: (a) survival (e.g., safe motherhood/childbirth, women's workload); (b) preparation for life (e.g., early child care, education, special preparation for the disabled); (c) protection and care (e.g., the expanded programme on immunization, ARI, the control of diarrhoeal diseases, feeding practices, prevention of child abuse); and (d) women and improvement of environmental conditions (e.g., water supply, sanitation facilities, environment, credit programmes for women). The UNICEF country office will use a team approach to implementation so that staff teams will cover the themes.

ESTIMATED PROGRAMME BUDGET

Estimated programme of cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Advocacy and communications	2 000	1 000	3 000
Community-based services	2 900	8 000	10 900
Basic and primary education	3 400	8 000	11 400
Health	3 800	6 000	9 800
Nutrition	2 900	5 000	7 900
Sanitation, hygiene and water supply	3 400	7 000	10 400
Total	18 400	35 000	53 400

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.33
8 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 7 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Sri Lanka

SUMMARY

The Executive Director presents the country programme strategy note for Sri Lanka for a programme of cooperation for the period 1997 to 2001.

Sri Lanka has made significant progress in addressing child survival problems and has met most of the decade goals. The programme of cooperation with the Government, communities and non-governmental organizations (NGOs) is focused on the most urgent child development problems of malnutrition, child rights and protection, and disparity reduction, particularly for children and women displaced by civil war. The overall goal of the proposed country programme will be to achieve the survival, development, protection and participation rights of all children. Beyond attention to major child development issues, the programme aims to strengthen child protection activities and promote child participation.

The new country programme will reflect a further shift towards a strategy of capacity-building, empowerment and advocacy. There is more reliance on community mobilization, supported by NGOs and local governments. A service delivery strategy also is included to assist displaced populations and those directly affected by the continuing armed conflict.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Sri Lanka has made excellent overall progress in improving health and living conditions. Most survival goals have been met, although low awareness of the growing AIDS problem could threaten these achievements. Per capita gross national product remains low at $580, and many areas of underserved and vulnerable mothers and children remain. Defence expenditures have increased from 8 per cent of government expenditures to over 17 per cent during the last decade. Over 1 million people, one half of them children, have been displaced since 1990, and some services have been disrupted due to civil war.

2. Sri Lanka was one of the first countries to prepare a national programme of action (NPA) for children. There was early ratification of the Convention on the Rights of the Child, and a Children's Charter and some protection legislation have been enacted.

3. Development goals remain to be accomplished. Foremost of those is the reduction of malnutrition, which has remained at around 40 per cent for children under five years of age for the last two decades. Almost one quarter of the infants born are under weight. Up to two thirds of women and 55 per cent of the children are anaemic, and there is preliminary evidence that vitamin A deficiency is widespread. Less than five per cent of mothers breast-feed exclusively. Diarrhoea remains a serious contributor to malnutrition.

4. While primary school enrolment is over 90 per cent, less than 30 per cent of fifth year pupils have reached mastery level in numeracy and literacy skills. There is little promotion of early childhood development.

5. Protection issues include sexual exploitation, often linked to tourism; the trauma and dislocation caused by war; child abuse, especially towards girls; and working children. Children have been used as combatants in the civil war. Discussion of the Convention has increased public awareness of some of those concerns, but there has been limited concrete action.

6. Given the breakthrough in child survival, UNICEF cooperation will concentrate increasingly on child development and protection.

LESSONS LEARNED FROM PAST COOPERATION

7. Sustained advocacy has brought growing understanding on the part of the Government, donors and the private sector that the malnutrition problem is not due simply to poverty, but comes about largely because of behavioural practices and poor health and water supply and sanitation conditions. However, the mid-term review indicated that much more remains to be done before an adequate political consensus is established on the nutrition issue.

8. Coordination of a multisectoral nutrition strategy required greater efforts to put intersectoral coordination higher on the political agenda. There was a need for more capacity-building and training of government personnel at all levels.

9. There is now general consensus on the existence of the child protection problems and more active involvement of non-governmental organizations (NGOs) in addressing these problems. However, serious problems of sexual exploitation and war-related trauma remain. Current efforts will need to be enhanced and expanded, largely through communities and NGOs since there is still limited

public acknowledgement and parental awareness of the scope of the protection problems.

10. The country programme was adapted to cope with less supplementary funding than had been planned. While the scope of activity was curtailed, adaptations of the programme were possible, and child survival gains were sustained and extended. It proved possible to mobilize greater private sector, NGO and government inputs, and the Government accepted increasing responsibility for vaccine procurement.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The overall goal of the proposed country programme will be to achieve survival, development, protection and participation rights of all children. Capacity-building and advocacy will be the principal strategies, with limited support for service delivery for underserved, unreached and displaced populations. All approaches will be implemented through a process of assessment of the problem, analysis of the causes and the design of resource relevant action (the triple A approach), followed by a reassessment. Further efforts will be made to enhance monitoring implementation of the Convention at all levels of Government, to establish a Convention-related database and to advocate for increased financial inputs to child rights-related programmes.

12. Efforts will be made at the national level to ensure that there is no faltering of progress towards the goals which remain to be accomplished. Service delivery will address disparity reduction and will entail a focus on areas affected by armed conflict and estates. Efforts will concentrate largely on advocacy and monitoring in the case of the expanded programme on immunization, safe motherhood and early childhood development. Additional support for training in AIDS awareness and prevention will be required to enhance national capacity necessary for sustaining survival achievements.

13. Child protection rights are being abused through child labour/domestic service, as well as sexual exploitation, and abuse will be targeted through support for advocacy, partnerships with NGOs and capacity-building of the legal structure. Ongoing efforts to identify clear monitoring indicators will be strengthened as the proposed programme is finalized. Participation rights of children will be addressed through support for school and community-based education in conflict resolution. Community awareness and parent education are primary concerns.

14. With the achievement of most child survival goals, capacity-building at national and provincial levels will be the strategy used to achieve improved monitoring, surveillance and policy directions. For example, enhancing cost analysis skills should improve the use of resources. UNICEF will support national immunization days for polio eradication. Advocacy and communications will support the national commitment to achieving and sustaining immunization coverage above 90 per cent.

15. The safe motherhood programme will focus on surveillance and capacity-building through the training of health personnel to empower women and couples. Cost analysis of maternal and child health services and advocacy for greater NPA allocations to ensure sustainability will be supported. The growing AIDS problem will be addressed by the promotion of behavioural changes through school-based interventions and non-formal channels to reach vulnerable groups.

16. Nutrition will be the focus of the child development programme. Inadequate care and health, particularly related to diarrhoea and acute respiratory infections (ARI), remain serious issues. Malnutrition is largely a result of inadequate care. Therefore, the programme will support education interventions and facilitate the empowerment of communities to assess, analyse and take action to remedy nutritional deficiencies. The activities will be coordinated closely with government agencies such as health, which can provide additional service delivery. The focus will be on the most vulnerable age-groups of teenage girls, pregnant mothers and children under 18 months old.

17. National policy related to nutrition focuses principally on efforts to reduce poverty. UNICEF will support a specific objective of reducing protein-energy malnutrition in selected divisions of the country. This approach will require strengthening coordination of sectors and services necessary to support such efforts. The conceptual framework which UNICEF promoted is an important policy advocacy tool. The main elements of policy advocacy will be training and public awareness campaigns. Local government and NGOs will be key actors in ensuring the success of community initiatives. Nationwide training of officials from the sectoral agencies and the administration will be a part of support efforts, in addition to advocacy for the adoption of the community-based approach in programmes funded by other donors and agencies, including the World Bank.

18. ARI and diarrhoea are immediate causes of malnutrition. These causes will be approached through awareness campaigns directed to families and will stress the importance of better home environments and management, in addition to support for the training of medical professionals.

19. The low prevalence of exclusive breast-feeding is an underlying cause of malnutrition. The programme will employ advocacy to mobilize health professionals to support breast-feeding and the production of appropriate materials for advocacy efforts. The community-based approaches will involve village-level women's groups in breast-feeding promotion.

20. Training for improved monitoring of salt quality and compliance with iodine concentration regulations will be a priority. Media efforts will continue in an effort to enhance public understanding of the importance of iodine in the diet and how to maintain salt in households. UNICEF will support social mobilization, awareness campaigns and the training of health staff on the detection and treatment of vitamin A deficiency as well as on the importance of dietary diversification and fortification. There will be support for efforts to increase national monitoring capacity.

21. In line with the Convention on the Rights of the Child and the recommendations of the World Conference on Education for All, UNICEF will support capacity-building of NGOs and government agencies to train and mobilize parents to use home facilities and the surrounding environment for early childhood development. Those efforts will be supported by advocacy through the mass media and among parents, national, provincial and local officials and the public.

22. The capacity of national institutions will be strengthened to introduce effective teaching practices, to monitor essential learning competencies and to enhance the quality of small and rural schools. Advocacy among decision makers and the general public on quality improvement will complement capacity-building.

23. The programme will support the provision of adequate legal protection and advocacy to mobilize the judiciary, politicians, parliamentarians, NGOs and community groups to ensure wider awareness of child protection rights. Training and advocacy activities will help to increase the capacity of law enforcement and judicial agencies, in conjunction with parent education, to promote compliance with relevant laws giving effect to the Convention.

24. The protection rights of children affected by violence in the north, east and other areas will be achieved through cooperation with NGOs. This will include the procurement of relief supplies, training, area-based activities in nutrition, water supply, sanitation, school and health centre rehabilitation. Most UNICEF assistance will be directed to mobilization and training activities to better enable communities to solve their own problems. Support to relieve child trauma will be undertaken through community-based mechanisms. Advocacy against the conscription of children and education for conflict resolution will be supported.

25. Child participation rights are largely unrecognized. UNICEF will support the Government, NGOs and the private sector in efforts to assure participation of children. Training and advocacy will be supported to change community attitudes towards children and to make teaching methods in schools more participatory.

26. Women's issues will be incorporated in all programme activities and will bolster efforts to increase gender awareness and gender-sensitive analysis among policy makers, programme implementors, politicians, police and the public. In this regard, a priority is to help increase the legal literacy of women and provide greater protection from violence. The programme also will promote fuller knowledge of existing women's rights, taking into consideration the declarations of the Cairo, Copenhagen and Beijing conferences.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Nutrition	2 100	3 000	5 100
Health	850	1 000	1 850
Child protection (children in especially difficult circumstances)	500	500	1 000
Education	700	500	1 200
Area development	-	1 000	1 000
Emergency	-	4 500	4 500
Advocacy and social mobilization	450	-	450
Monitoring and evaluation	400	-	400
Total	5 000	10 500	15 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.